

Jewart's Gymnastics and Climb North

Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran's status, disability, or any other legally protected status.

Today's Date: _____

Personal Information

Last Name	First	Middle	Age Less Than 18: Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address		City	State Zip Code
Home Phone	Cell Phone	Email Address	
Position Desired			Desired Wage
Department Desired (Circle) BOY'S TEAM GIRL'S TEAM TNT TEAM RHYTHMIC TEAM DEVELOPMENTAL TEAM JEWELS TEAM BOY'S REC GIRL'S REC TUMBLING/CHEER PRE-SCHOOL WILDWOODS ROCKWALL			
Available Start Date	Available Days for Work (Circle) M T W R F S		
Have you ever been employed by Jewart's Gymnastics or Climb North?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a United States citizen, an alien lawfully admitted for permanent residence, or an alien who is authorized to be hired for the employment for which you are applying?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of or pleaded guilty to a crime, other than a misdemeanor or summary offense?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Offense _____ Location _____			
Referral Source: Walk In <input type="checkbox"/> Advertisement <input type="checkbox"/> Jewart's Employee <input type="checkbox"/> Other <input type="checkbox"/>			
Employee name or other _____			

Education

High School (Name & Address)	Circle Last Grade Completed 9 10 11 12	Diploma/Graduated Yes No	If NO was checked, date of expected graduation or GED
College (Name & Address)	Circle Last Year Completed 1 2 3 4	Graduated/List Degree Yes No	Major, Concentration, and/or Certifications
College (Name & Address)	Circle Last Year Completed 1 2 3 4	Graduated/List Degree Yes No	Major, Concentration, and/or Certifications
Graduate, Technical, or Other School (Name & Address)		Graduated/List Degree Yes No	Major, Concentration, and/or Certifications

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Employment History

Employer Name (1)	Address (Include Zip Code)	
Telephone Number	Starting Position	Final Position
Duties Performed in the Position(s)		Start Date
		Ending Date
Reason for Leaving		

Employer Name (2)	Address (Include Zip Code)	
Telephone Number	Starting Position	Final Position
Duties Performed in the Position(s)		Start Date
		Ending Date
Reason for Leaving		

Employer Name (3)	Address (Include Zip Code)	
Telephone Number	Starting Position	Final Position
Duties Performed in the Position(s)		Start Date
		Ending Date
Reason for Leaving		

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Experience

Please provide any additional skill information you believe would be valuable for employment:

References - Please list three (at least two professional)

Name	Address	Phone	How do they know you?	Contact?
				Yes No
				Yes No
				Yes No

Certification

READ CAREFULLY BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby acknowledge that any employment relationship with Jewart's Gymnastics and/or Climb North is "At Will", which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause. It is further understood that the "At Will" employment relationship may not be changed by any written documents or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

In the event of employment, I understand that I am to provide required PA clearances, at my expense, and that said clearances need to be renewed as required by law.

Signature of Applicant

Date

For Office Use Only

Application given to Manager(s) ☐ Yes ☐ No Manager(s) Name(s) _____

☐ Initial Interview Date of Interview _____

☐ Interview with Mrs. Jewart Date of Interview _____

☐ Not at this time - Reason _____

☐ Proceed to Training