



1515 Walsh Ave Santa Clara, CA 95050

Phone: 408-986-8226 Email: info@airborne-gymnastics.com

Website: www.airborne-gymnastics.com

Positions Applied For (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Gymnastics Competitive Team Coach | <input type="checkbox"/> Camp Instructor |
| <input type="checkbox"/> Gymnastics Rec. Coach | <input type="checkbox"/> Birthday Party Instructor |
| <input type="checkbox"/> Parkour Instructor | <input type="checkbox"/> Receptionist |

Last Name _____ First Name _____

Date _____

Address _____

City & State _____ Zip Code _____

Cell Phone # _____ Home/alternative # _____

E-Mail Address: _____

Available To Start _____ Number of Hours Desired _____

Desired Compensation _____

Please Specify Your Availability

Monday _____ Thursday _____ Sunday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Do you anticipate this availability to change in the near future? _____

Education & Experience

Highest Level	Name of School	Course of Study	Years of Study	Diploma/Degree
High School				
College/Technical				

Total Number of Years Coaching:	Certifications:
Daycare Experience:	
Sports Experience:	Types of Sports:
USAG PDP Certification	KAT Certification
CPR/First Aid Certification:	Expiration Date:
Gymnastics Safety Certification:	Expiration Date:

Employment Experience (Most recent first)

Employer _____ Dates _____

Job Title: _____

Responsibilities:

Supervisor's Name _____ Contact # _____

Employer _____

Dates _____

Job Title: _____

Responsibilities:

Supervisor's Name _____

Contact # _____

References:

Professional:

Name _____

Contact # _____

Address _____

Name _____

Contact # _____

Address _____

Personal:

Name _____

Contact # _____

Address _____

How Acquainted/amount of years _____

Name _____

Contact # _____

Address _____

How Acquainted/amount of years _____

Candidates with experience: I am qualified to teach and spot:

Preschool Gymnastics	Yes _____	No _____
Beginner Girls Gymnastics	Yes _____	No _____
Beginner Boys Gymnastics	Yes _____	No _____
Intermediate/Advanced Girls Gym.	Yes _____	No _____
Intermediate/Advanced Boy Gym.	Yes _____	No _____
Tumbling	Yes _____	No _____
Trampoline	Yes _____	No _____
Proficient in use of in ground pits	Yes _____	No _____
Proficient in use of spotting belts	Yes _____	No _____

Highest skill you can teach and spot:

Girls

Vault _____

Uneven Bars _____

Beam _____

Floor _____

Trampoline _____

Boys

Pommel Horse _____

P. Bars _____

High Bar _____

Vault _____

Floor _____

Special Questionnaire:

Do you have any physical limitations? Yes _____ No _____

If yes, please explain:

Do you have reliable transportation? Yes _____ No _____

Do you speak any other languages fluently? Yes _____ No _____

If yes, which languages?

Is there anything else you would like us to know about you?

In case if an emergency, who may we contact?

Name _____

Relation to you _____

Contact # _____

Name _____

Relation to you _____

Contact # _____

Answering "Yes" to any of the following questions does not directly result in denial of employment. Your employment eligibility will be based on your explanations, as well as qualifications for the desired job. If necessary, attach additional information.

Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime? (Please excuse only minor traffic violations not involving any allegation of drug or alcohol impairment.) You must answer YES even if the matter was later dismissed, deferred, vacated, or expunged. If you answer YES you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case or cases.

YES _____

NO _____

Explanation:

Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior were pending? You must answer YES even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer YES you must provide the date of termination of employment, the name, address and telephone number of the employer and a statement of the alleged reasons for termination.

YES _____

NO _____

Explanation:

Have you ever had any license or certificate of any kind (i.e. teaching certificate or other) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification, or other regulatory agency or body, public or private? If you answer YES you must provide the dates of the proceedings, name, address, and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

Yes _____

NO _____

Explanation:

Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing certification or other regulatory body (i.e. teacher certification or other) or by your current or any previous employer? If YES you must provide the name, address, and telephone number of the employer or licensing body and a statement of the accusations against you.

YES _____

NO _____

Explanation:

Signature _____

Date _____

AIRBORNE GYMNASTICS TRAINING CENTER

1515 Walsh Avenue

Santa Clara, CA 95050

REQUEST AUTHORIZATION AND CONSENT TO RELEASE OF EMPLOYMENT INFORMATION

I request, authorize and consent to the release of information from AIRBORNE GYMNASTICS & TRAINING CENTER regarding my employment and authorize all employers or agents that they may designate, to respond to verbal inquiries from AIRBORNE regarding my employment record, including, but not limited to; position held, dates of employment, last pay rate, work performance, violence, and/or unsafe, harmful or threatening behavior, including information based upon materials in my personnel files.

I hereby release and hold harmless any agent or employer from AIRBORNE who furnishes information regarding my employment from the claims arising from its investigation of my background.

SSN # _____

Name (Print) _____

Signature _____

Date _____