

## **Application for**

Pre-Employment Questionnair	e
Equal Opportunity Employer	

_		
Date		
Duce		

Name (Last Name First)			Social Security	Number	DOB				
Current Address			City		State	Zip Code			
Referred by	Mobile Phone Email					Email			
Position Hours			Hours Available to Work						
Salary Desired		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	
Date available to start work?									
Education History	Name ar	nd Location of	School	Years Attended	Did yo		Subje	cts Studied	
High School									
College									
Trade, Business or Correspondence School									
General Information									
Gymnastics or Cheer experie	ence								
Past Experience working wit	h children								
Sports & Hobbies									
Past Work Experience	e (Last below la	st 3 employer	s, starting	g with last o	one first)				
Date Month and Year		ame and Address of		Galary Position Reason for Le		eaving			
From To									
From To									
From To									
ist 3 References									
Name	Name		Relationship			Best Number to Contact			

## Application for Employment (page 2)

## **Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a background check may be necessary prior to my employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United states and to complete the required employment eligibility verification document form upon hire.

Date \_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_

DO NOT WRITE BELOW DOTTED LINE

Interviewed by \_\_\_\_\_\_\_\_

Remarks