

New River Gymnastics Academy

419 Daniel Boone Drive
Boone, NC 28607

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex or national origin.

Date: ___/___/___

PERSONAL INFORMATION

Name:

Last

First

Middle

Present Address:

Street

City

State

Zip

Permanent Address:

Street

City

State

Zip

Telephone Number:

Social Security Number:

Are you employed now? Yes No If so, may we contact your present employer? Yes No

Have you ever applied to this company before? Yes No

If so, when? _____

Do you have a valid North Carolina Drivers License? Yes No

Have you ever been convicted of a crime other than a misdemeanor or a minor traffic offense? Yes No

Answering "Yes" to this question does not constitute an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

EMPLOYMENT DESIRED

Position Applied For: _____ Salary Desired: _____

Referred By: _____ Date You Can Start: _____

EDUCATION

Name/Location	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Year
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Year
Degree(s) Received:		_____ Year
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate(s) Received:		_____ Year

EMPLOYMENT HISTORY

List your last three employers, beginning with the most recent.

Name & Address of Employer:			
Position Held:		Supervisor's Name:	
From:	To:	Starting Salary \$	Ending Salary \$
Reason For Leaving:			

Name & Address of Employer:			
Position Held:		Supervisor's Name:	
From:	To:	Starting Salary \$	Ending Salary \$
Reason For Leaving:			

Name & Address of Employer:			
Position Held:		Supervisor's Name:	
From:	To:	Starting Salary \$	Ending Salary \$
Reason For Leaving:			

PROFESSIONAL AND PERSONAL REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address/Phone	Occupation	Years Acquainted
1.			

2.			
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3.			
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Subjects/Activities of Special Interest: _____

Professional Memberships: _____

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

PHYSICAL RECORD

Do you have any physical conditions which may limit your ability to perform the job applied for? If yes, explain briefly below.

In case of emergency notify: _____

Name

Address

Phone #

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel future consideration of this application, or (ii) immediately discharge me from the employers service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all others persons, corporations or organizations or furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on the applications is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with our without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigrant laws require me to complete and I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____

Date of Hire: _____ Employee Will Report To Work: _____ Rate of Pay: _____

Position: _____ Supervisor: _____