



Name _____

Address _____ City _____ State/Zip _____

Day Phone _____ Home Phone _____

Email Address: _____

Position for which you are applying _____

Please specify days and hours you are available to work _____

What is your minimum salary requirement? _____ Date available for work _____

Were you referred by an AcroSports Employee: yes/no If yes, please list _____

Education and Training

	Print School Name, City and State	Degree/Major/Course of Study
High School		
College		
Graduate School		

How many years of gymnastics experience do you have and to what level (as a participant)?

How many years of gymnastics coaching experience do you have? _____

How many years of swimming experience do you have and to what level (as a participant)?

How many years of swimming coaching experience do you have? _____

List any other education, training, special skills or certificates/licenses that you possess related to the job _____

General Information

Can you, after employment, submit verification of your legal right to work permanently in the U.S.? _____ Yes _____ No

Were you previously employed by USAcroSports Inc.? _____ Yes _____ No If yes, dates _____

Have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$200 during the last ten years? (Criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements.) ___ Yes ___ No

If yes, explain _____

Name _____

Employment History

List all work experience beginning with the present or most recent job (use back of application, if necessary).

Name of Employer		Type of Business		
Address		City	State	Zip
Dates Employed (From – To)		Title		
Name and Title of Supervisor		Telephone Number		
May we contact?	Yes	No	Was Employment	Part Time Full Time
Brief Description of Duties				
Reason for Leaving				
Starting Salary		Ending Salary		

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Brief Description of Duties				
Reason for Leaving				
Starting Salary		Ending Salary		

References

List 2 supervisors and 2 co-workers (If you do not have two previous supervisors please list previous teachers, advisors, etc.)

Supervisor Name:	Company:
Phone:	Title:
Secondary Phone:	How long have you worked with them:

Supervisor Name:	Company:
Phone:	Title:
Secondary Phone:	How long have you worked with them:

Co-Worker Name:	Company:
Phone:	Title:
Secondary Phone:	How long have you worked with them:

Co-Worker Name:	Company:
Phone:	Title:
Secondary Phone:	How long have you worked with them:

Notice of Equal Employment Opportunity Policy

Questions on Application for Employment are not intended to identify or exclude any individual or group. USAcroSports, Inc is an equal opportunity/affirmative action employer. Qualified applicants will be considered for employment without regard to race, color, religion, gender, national origin, age, disability or veteran status.

Notice of Employee Screening Policy (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give USAcroSports any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and USAcroSports, from liability for any damage that may result from furnishing same to USAcroSports.

I understand and agree that as a condition of employment, I will be required to successfully complete all employment procedures. I further agree to abide by all rules, regulations and policies of USAcroSports, Inc. if employed.

I understand this application is not intended as a job offer or contract for employment. I understand if hired, my employment is not for any specific time and that I may resign or have my employment terminated at any time, without notice or requirement of reason.

My signature on this application indicates that I have read and agree with the terms of this notice.

Print Applicant's Name _____

Signature of Applicant _____ Date: _____