

## **Edge Gymnastics Training Center, LLC**

6780 Sierra Ct. Suite K Dublin, CA 94568 925-479-9904

## Employment Application

		App	licant	Information			
Full Name:	Last	First	•	Date:			
Address:							
	Street Address			Apartment/Unit #			
	City			State ZIP Code			
Phone:				Email			
Date Available: Social Security No.:			/ No.:_	Desired Salary:			
Position App	plied for:						
Are you 18	years of age or older?	YES	NO	If no, enter your DOB:			
Are you a citizen of the United States?		YES	NO	YES NO If no, are you authorized to work in the U.S.? ☐ ☐			
Have you ever worked for this company?		YES	NO	If yes, when?			
Have you e	ver been convicted of a felony?	YES	NO	If yes, when?			
Have you ever been convicted of a crime involving physical violence or sex related offenses?		YES	NO	If yes, when?			

At Edge Gymnastics Training Center, LLC, teaching physical education skills to children or generally supervising children in a physical environment sometimes requires quick or unexpected movements including lifting or catching (spotting) children weighing up to 150 lbs. or more. Additionally, teaching positions also often require lifting and adjusting heavy sports apparatus. Please indicate below if you have any current or past conditions which might keep you from safely performing the physical requirements of the position for which you are applying.

☐ I do not have any conditions which would prevent me from performing my job. I am able to perform the physical requirements of the position for which I applied without jeopardizing my safety or the safety of Edge Gymnastics Training Center, LLC students, clients, guests, co-workers or others.

		Educa	ation		
High School:		Address:			
		Did you graduate?	YES	NO	Diploma:
College:		Address:			
From:	To:	Did you graduate?	YES	NO	Degree:
		Refere	ences		
Please list one pro	ofessional referen				
Full Name:					Relationship:
Company:					Phone:
		Previous Er	прюуг	nent	
Company:					Phone:
Address:					Supervisor:
Job Title:		Starting Sa	Ending Salary:\$		
Responsibilities: _					
					aving:
May we contact yo	ur previous superv	visor for a reference?	YES		NO

## About You

Warmth, friendliness, and a desire to help other are essential qualities for all positions at Edge Gymnastics Training Center, LLC. At the end of each day, our clients go home with only their memories of the way they were treated by each employee they encountered. Knowing this, use the space below to tell us anything you feel would help us understand why you and Edge Gymnastics Training Center, LLC would make a great team.

Agreement, Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge. I have read and agree to the above statement (initial)	
I understand that if I am hired, my continued employment is contingent upon my successful performance during a new hire period of 90 days. I have read and agree to the above statement (initial)	7
I understand that if I am hired, my ongoing employment will be AT WILL, meaning employment may be terminated by either party at any time, with or without reason and with or without notice. I further understand that this AT WILL agreement can not be changed in any way except through a written understanding signed by the Manager. have read and agree to the above statement (initial)	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I have read and agree to the above statement (initial)	
Signature: Date:	
Authorization for Background Check	
Edge Gymnastics Training Center, LLC's number one concern is to provide a safe and happy environment for its students. To that end, please know, Edge Gymnastics Training Center, LLC performs background checks on all employees.	
I understand and agree that Edge Gymnastics Training Center, LLC will administer background checks on me and that initial and continued employment is conditional upon the results of these checks.	
Signature: Date:	