



Employment Application

Please return completed application to:

Dynamics Gymnastics
8712 Eagle Creek Parkway
Savage, MN 55378

For office use only:

Date Application Received: _____

For consideration of employment, this application must be completed in its entirety.

PERSONAL INFORMATION

Last name _____ First _____ Middle Initial _____

Street Address _____ Apt# _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Alternate Phone (_____) _____

Email Address _____ Social Security Number _____

Have you applied at Dynamics Gymnastics before? _____ No _____ Yes If Yes, when _____

Desired Position _____ Desired Pay _____

Are you interested in _____ Part Time _____ Full Time Date available to begin work _____

Are you legally eligible for employment in the United States _____ No _____ Yes

Any special skills, languages or personal information you would like to add _____

GYMNASTICS EXPERIENCE

Levels you have previously coached _____

Spotting Skills _____

Skill level of students previously taught _____

Are you USAG Safety Certified _____ No _____ Yes If Yes, Expiration Date _____

Are you a USAG Professional Member _____ No _____ Yes If Yes, Expiration Date _____

Please list any other gymnastics, sports or safety related certifications that you may have _____

Are you currently employed at another Gymnastics School? _____ No _____ Yes

EMPLOYMENT EXPERIENCE

Employer Name _____ Telephone _____
Address _____ City _____ State ____ Zip _____
Dates of Employment From _____ To _____ Job Title _____
Supervisor _____ Can we call for a reference ____ No ____ Yes List
duties/tasks of this position _____

Employer Name _____ Telephone _____
Address _____ City _____ State ____ Zip _____
Dates of Employment From _____ To _____ Job Title _____
Supervisor _____ Can we call for a reference ____ No ____ Yes List
duties/tasks of this position _____

Employer Name _____ Telephone _____
Address _____ City _____ State ____ Zip _____
Dates of Employment From _____ To _____ Job Title _____
Supervisor _____ Can we call for a reference ____ No ____ Yes List
duties/tasks of this position _____

Please add additional Employer Information to the backside of this sheet or attach a resume as necessary

EDUCATION INFORMATION

Graduate School Name/Location _____
Did you graduate ____ No ____ Yes Area of Study/Degree _____

College Name/Location _____
Did you graduate ____ No ____ Yes Area of Study/Degree _____

Business Trade or Technical School/Location _____
Did you graduate ____ No ____ Yes Area of Study/Degree _____

High school Name/Location _____
Did you graduate ____ No ____ Yes Notes/Comments _____

Have you ever been arrested, charged or convicted of a criminal offense including misdemeanor, gross misdemeanor or felony level offense?

_____ No _____ Yes If yes, please explain: _____

REFERENCES

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Relationship _____

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Relationship _____

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Relationship _____

The information provided in this Employment Application is, to the best of your knowledge, true, correct and complete. Any misstatement or omission of fact on this application may result in my dismissal of this application and/or employment. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue employment in the future. I authorize you to investigate my background including my credit employment and personal history. If a report is obtained Dynamics Gymnastics will provide, upon your written request, the name of the agency used to obtain the information contained in the report. Acceptance of this application does not constitute an offer for employment. Applications received may be retained for a period of 6 months for consideration of future opportunities.

Printed Name _____

Applicant Signature _____ Date _____

Consent to Comprehensive Background Investigation

I hereby authorize BackgroundReport.com and its designated agents and representatives to conduct a comprehensive review of my background on behalf of **Dynamics Gymnastics Center** causing a consumer report and/or investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, and county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all verbal or written information pertaining to me to **Dynamics Gymnastics Center** BackgroundReport.com, or the agents of either party. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Dynamics Gymnastics Center**, BackgroundReport.com, the Social Security Administration, and their agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____