



Employment Application

Please return completed application to:

Dynamics Gymnastics
3176 West County Road 42
Burnsville, MN 55337

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 _____