

5622 W Lake Street St. Louis Park, MN 55416 (952) 922-2774

APPLICATION FOR EMPLOYMENT

Kenwood Gymnastics Center, Inc. is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, and provincial law.

PERSONAL INFORMATION (please print legibly)

First Name:	Last Name:
Preferred Name:	
Address:	
	Are you 18 years or older?:YesNo
Referred By:	
Are you legally eligible for employment in	the United States:YesNo
Have you ever applied for employment wit	th us:YesNo
EMPLOYMENT DESIRED	
Position (coach//front desk/etc.):	
Pay Expected:	Date you can start:
Are you currently employed?:Yes	_No
May we contact your current Employer?:_	YesNo
Current employer contact name:	
Current employer phone/email:	

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AVAILABILITY

List available times

Monday:	
Tuesday:	
	Available Start Date:
EDUCATION	
College Name:	
Course of Study:	No. of Years Completed:
Did you Graduate?:YN	
Business/Trade/Technical Name:	
Course of Study:	No. of Years Completed:
Did you Graduate?:YN	
High School Name:	
No. of Years Completed:	Did you Graduate?:YN
EMPLOYMENT HISTORY	
Previous Employer #1:	Phone Number:
Name of Supervisor:	Title:
Employed: FromTo	Hourly Pay: Start Last
(Month/Year)	
Job Title/Description:	
Reason for Leaving:	

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Previous Employer #2:	Phone Number:
Name of Supervisor:	Title:
Employed: From T	To Hourly Pay: Start Last
(Month/Year)	
lob Title/Description:	
Reason for Leaving:	
We may contact the employers lis	sted above unless you indicate those you do not want us to contact
Do not Contact:	
EXPERIENCE	
Coaching Experience	
Gym Name:	Location (city, state):
Years Coaching:	Age/Level of students:
(include add	ditional pages if more experience should be listed)
Teaching Experience	
School Name:	Location (city, state):
Years Teaching:	Age/Level of students:
(include add	ditional pages if more experience should be listed)
Gymnastics Experience	
Gym Name:	Location (city, state):
Years in gymnastics:	Age/Level attained:
(include add	ditional pages if more experience should be listed)
Other Relevant Experience (inclu	ide any additional experience with kids etc.):
	(continued on next page)
	(

ADDITIONAL INFORMATION

What areas are you most qualified to teach/work? (Circle all that Apply)

Pre-School Progressive (Recreational) Girls Team Boys (classes/team) Front Desk/Admin

What areas would you most like to teach/work? (Circle all that Apply)

Pre-School Progressive (Recreational) Girls Team Boys (classes/team) Front Desk/Admin

Have you ever been arrested, charged, or convicted of a criminal offense including misdemeanor, gross misdemeanor or felony level offense? (If yes, explain circumstances)				
REFERENCES				
Reference #1 Name:				
		No. of Years Known:		
(family, co-worker, employer etc)				
Phone Number:	Email:			
Reference #2 Name:				
Relationship:		No. of Years Known:		
(family, co-worker, employer etc)				
Phone Number:	Email:			
Reference #3 Name:				
Relationship:		No. of Years Known:		
(family, co-worker, employer etc)				
Phone Number:	Email:			

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Applicant hereby gives full authority to Employer to verify the information herein with the business and personal references stated. Applicant represents that the statements and information provided herein are true, not misleading and complete. If a conditional offer of employment is made by Employer or Applicant is employed, Applicant will be required to furnish Applicant's Social Security number and evidence of citizenship, visa, or other qualification for employment as required or permitted by law.

APPLICANT ACKNOWLEDGES THAT IF EMPLOYED BY EMPLOYER, APPLICANT SHALL BE AT ALL TIMES AN EMPLOYEE AT WILL, AND SUCH EMPLOYMENT MAY BE TERMINATED OR SUSPENDED AT ANY TIME BY EMPLOYER, WITH OR WITHOUT CAUSE, OR FOR NO CAUSE WHATSOEVER, IN THE SOLE DISCRETION OF EMPLOYER FOR ANY REASON NOT SPECIFICALLY PRECLUDED BY APPLICABLE LAW. IF EMPLOYED, APPLICANT IS REQUIRED TO COMPLY WITH ALL PROPER EMPLOYER POLICIES, RULES AND INSTRUCTIONS, AND EMPLOYER RESERVES THE RIGHT TO AMEND, CHANGE OR TERMINATE ANY SUCH POLICIES AT ANY TIME IN ITS SOLE DISCRETION UNLESS PROHIBITED BY LAW.

APPLICANT'S SIGNATURE:	DATE:
PRINT NAME:	

Submit all materials (including background check authorization) via email or drop off/mail to location:

Kenwood Gymnastics Center Attn: Krista 5622 W Lake Street St. Louis Park 55416

krista@kenwoodgym.com

Child Protection Background Check Consent 123B.03 Informed Consent

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We are requesting a federal check pursuant aswell. (Contributor, please check this box if recard, the Child Protection Background Check Contributor) Please note that the federal check	equesting a federal check and consent form and a check in the	attach fingerprint ne amount of \$24)
The following named individual has made application w	ith Kenwood Gymnastics Center fo	or employment:
-ull Name of Applicant:		
Last	First	Middle
Maiden, Alias of Former (please print):		
Date of Birth:	_	
Month/Day/Year		
authorize the Minnesota Bureau of Apprehens nformation to Kenwood Gymnastics Center pur division 1 for the purpose of employment as a _	rsuant to Minnesota State Sta	tute 123B.03 sub
CONDITIONAL HIRING: I understand that Kenwer commence my employment duties pending con check and acknowledge and agree that I may be background check. The expiration of this authorization shall be for of my signature.	npletion of the criminal histor e terminated based on the res	ry background sult of the
Signature of Applicant	Date	