LAWRENCE GYMNASTICS ACADEMY

Employment Application

APPLICANT INFORMATION												
Last Name		First		M.I.	Date							
Street Address					Apartment/Unit #							
City		State		ZIP								
Phone		E-mail Address										
Date Available				Desired Salary								
Position Applied for												
Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?	YES ☐	NO ☐							
Have you ever worked for this company?	YES ☐	NO ☐	If so, when?									
Have you ever been convicted of a felony?	YES ☐	NO ☐	If yes, explain									
How did you hear about LGA?												

EDUCATION												
High School				Address								
From		To		Did you graduate?	YES ☐	NO ☐	Degree					
College				Address								
From		To		Did you graduate?	YES ☐	NO ☐	Degree					
Other				Address								
From		To		Did you graduate?	YES ☐	NO ☐	Degree					

REFERENCES			
Please list three professional references.			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary $	Ending Salary $
Responsibilities		
From To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐		

MARK THE TIMES YOU ARE AVAIABLE	SUN	MON	TUES	WED	THURS	FRI	SAT
8:00AM - 12:00PM							
12:00PM - 3:30PM							
3:30PM - 6:00PM							
6:00PM - 9:00PM							

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Any other information you feel may be helpful to us in considering your application