

Houston Gymnastics Academy Employment Application

APPLICANT INFORMATION

Name(Last)	(First)	(Middle Initial)	Phone Number	
Address (Mailing Address)		(City)	(State)	(Zip)
E-mail Address		Alternate Phone Number		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you legally authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		

POSITION

Position Applied For:	Date Available:
Have you ever worked for this company?	If yes, when?
How did you hear about Houston Gymnastics Academy?	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:

EDUCATION

High School Graduate or General Education (GED) Test Passed? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, list the highest grade completed:			
Name and Location (Most recent first)	Date Attended Month/Year	Graduate YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree Earned
	From: To:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
	From: To:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
	From: To:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
	From: To:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Certifications:			

SPECIAL SKILLS (List all pertinent skills to the position you are applying to)

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VETERAN INFORMATION (Most recent)

Branch of Service	Rank at Discharge	Date of Entry	Date of Discharge
Type of Discharge	If other than honorable, explain		

WORK EXPERIENCE (Most recent first)

Company:		Job Title:		Supervisor	
Address:			Phone Number:		
Specific Duties:					
From: (Month/Year)		To: (Month/Year)		Ending Salary: (per hour)	
Reason for leaving:			May we contact this employer?		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company:		Job Title:		Supervisor	
Address:			Phone Number:		
Specific Duties:					
From: (Month/Year)		To: (Month/Year)		Ending Salary: (per hour)	
Reason for leaving:			May we contact this employer?		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company:		Job Title:		Supervisor	
Address:			Phone Number:		
Specific Duties:					
From: (Month/Year)		To: (Month/Year)		Ending Salary: (per hour)	
Reason for leaving:			May we contact this employer?		
			YES <input type="checkbox"/> NO <input type="checkbox"/>		

REFERENCES (List three professional references)

Full Name:		Relationship:	
Company:		Phone Number:	
Full Name:		Relationship:	
Company:		Phone Number:	
Full Name:		Relationship:	
Company:		Phone Number:	

I certify that my answers are true and complete to the best of my knowledge. I understand that, if employed, false statements reported on this application may be considered sufficient case for dismissal.

Signature of Applicant: _____ Date: _____