



EMPLOYMENT APPLICATION

DATE:

| | | | | | |
|----------|--|-------------------------------|------------|---------------------------------|--------------|
| PERSONAL | LAST NAME | | FIRST NAME | | HOME PHONE |
| | STREET ADDRESS | | | CELL PHONE | |
| | CITY | STATE | ZIP CODE | E-MAIL ADDRESS | |
| | HAVE YOU BEEN EMPLOYED AT SGA IN THE PAST? | WHAT HOURS ARE YOU AVAILABLE? | | | EXPECTED PAY |
| | DO YOU HAVE RELIABLE TRANSPORTATION TO/FROM WORK? | POSITION APPLYING FOR | | WHEN WILL YOU BE ABLE TO START? | |
| | HOW DID YOU LEARN ABOUT THE JOB (PLEASE BE SPECIFIC) | | | | |

| | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | YEARS COMPLETED | DID YOU GRADUATE? (DEGREE/DIPLOMA) |
|----------------------------|---------------------------|-----------------|-----------------|------------------------------------|
| GRADUATE | | | | |
| COLLEGE | | | | |
| BUSINESS TRADES TECHNICALS | | | | |
| HIGH SCHOOL | | | | |

| | |
|------------|--------------------------------------|
| BACKGROUND | GYMNASTICS AND/OR DANCE BACKGROUND |
| | OTHER SPECIAL SKILL (LANGUAGES, ETC) |

EMPLOYMENT

| | | |
|----------|---------------------------|--|
| 1 | COMPANY NAME | PHONE NUMBER |
| | ADDRESS | EMPLOYED FROM: TO: |
| | NAME OF SUPERVISOR | PAY START \$ LAST \$ |
| | JOB TITLE AND DESCRIPTION | MAY WE CONTACT THIS EMPLOYER? |

| | | |
|----------|---------------------------|--|
| 2 | COMPANY NAME | PHONE NUMBER |
| | ADDRESS | EMPLOYED FROM: TO: |
| | NAME OF SUPERVISOR | PAY START \$ LAST \$ |
| | JOB TITLE AND DESCRIPTION | MAY WE CONTACT THIS EMPLOYER? |

| | | |
|----------|---------------------------|--|
| 3 | COMPANY NAME | PHONE NUMBER |
| | ADDRESS | EMPLOYED FROM: TO: |
| | NAME OF SUPERVISOR | PAY START \$ LAST \$ |
| | JOB TITLE AND DESCRIPTION | MAY WE CONTACT THIS EMPLOYER? |

REFERENCES

Include any gymnastics or professional references

| NAME | PHONE | OCCUPATION | RELATIONSHIP |
|------|-------|------------|--------------|
| | | | |
| | | | |
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ACKNOWLEDGEMENT

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, records of employment, education records, and any other information I have provided. I authorize the references I listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

APPLICANT'S SIGNATURE: _____

DATE: _____