



Avant Coeur Gymnastics Application for Employment
Pre-Employment Questionnaire

(ACG is an Equal Opportunity Employer)

Date: ____/____/____

Personal Information:

Name

Last M.I. First

Present Address:

Street City State Zip

Permanent Address:

Street City State Zip

Home # __ (____) _____ Cell # __ (____) _____

Work # __ (____) _____ E-mail: _____

Age 18 or older? YES___ NO___ Are you legally eligible to work in the U.S.? YES___ NO___

Employment Desired:

Position _____ Date you can start ____/____/____

Wage Desired \$ _____ Per Hour Year

Are you currently employed? YES___ NO___ May we contact your current employer? YES___ NO___

Certifications

Check the certifications that you hold or have held in the past. Please indicate expiration dates on the line next to the certification.

Risk Management Certified (USAG) _____ First Aid Certified _____

National Coaching Certified _____ KAT Certified _____

USAG Judging Certified _____ Levels _____ CPR Certified _____

USAG Membership _____ Member # _____

Other current certifications: _____
Certification Expiration

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Certification Expiration

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Current and Previous Employment

(List below your last five employers, starting with the most recent)

Business Name _____ From ____/____ To ____/____
Phone # _(_____) _____ Position _____
Supervisor _____ May we contact? YES _____ NO _____
Reason for leaving _____

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Phone # _(_____) _____ Position _____
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Phone # _(_____) _____ Position _____
Supervisor _____ May we contact? YES _____ NO _____
Reason for leaving _____

Business Name _____ From ____/____ To ____/____
Phone # _(_____) _____ Position _____
Supervisor _____ May we contact? YES _____ NO _____
Reason for leaving _____

Which of these positions did you like best and why? _____

References

In addition to the employers listed above, please provide the names of two persons not related to you whom you have known for at least one year.

Name _____ **How long?** _____ **How Know?** _____

Address _____ **Phone** _(_____)_____

Name _____ **How long?** _____ **How Know?** _____

Address _____ **Phone** _(_____)_____

| Education | Name and Location of School | Years There | Did You Graduate? | Subjects Studied |
|------------------|------------------------------------|--------------------|--------------------------|-------------------------|
| High School | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ |
| Graduate School | _____ | _____ | _____ | _____ |
| Trade School | _____ | _____ | _____ | _____ |

General Information

Special Skills: _____

Interests, activities, honors: _____

Additional Information for teachers and coaches:

Please detail **your experience as a gymnast, dancer, or cheerleader**. Indicate where you did your gym/cheer/dance training, how long you did it, how far you progressed, and your success. Start with your most recent training.

1.

2.

3.

Please detail **your experience as a gymnastics coach, dance instructor, or cheer coach**. Provide details concerning the employment experience you detailed on the second page of this application. What groups or levels did you work with? What were your duties? How far did you progress? Feel free to provide any additional information you feel would be relevant to the position you are seeking.

- 1.
- 2.
- 3.

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated. I agree that all references and former employers may be contacted for a job reference. I also agree that any individual who has knowledge concerning my character or past job performance may be contacted for employment reference even if I have not supplied their name on this application. I give permission for ACG, or those acting as the agents of ACG to conduct background checks prior to or during the course of my employment including criminal and police background checks as well as credit histories.

I understand that should ACG make an offer of employment to me, that this is not a guarantee of employment for any length or term. I further understand that ACG is an At-Will Employer, and should an offer of employment be extended that I or the company have the right to terminate the employment relationship at any time and with or without cause or notice. This employment at will relationship exists regardless of any other written statements or policies contained in this application, the ACG Employee Handbook or any other Company documents or any verbal statement to the contrary.

I understand that during the first eight weeks of employment all employees are considered to be in training, as we continue to check references and the information that you supplied to us on your application and at the time of your interview. In addition, the eight week training period will allow us to make sure that we have placed you correctly and will give you an opportunity to learn about our program and receive additional training if necessary.

Signature of Applicant

____/____/____
Date

For ACG Office Use Only

Interviewed by: _____ Date: ____/____/____
(Please detail the interview on the interview form and include with this application)

On time for interview? Yes No Neatness _____ Communication _____

Jr. Coach

General remarks:

Availability: Monday from _____ to _____ Tuesday from _____ to _____
 Wednesday from _____ to _____ Thursday from _____ to _____
 Friday from _____ to _____ Saturday from _____ to _____
 Sunday from _____ to _____

Agrees to teach a full 8 or 16 weeks? Yes No

Scheduled for Orientation? Date _____, Time _____

Scheduled for training? Yes No Training schedule attached? Yes No
 If no, why not?

Scheduled for Coeur Culture Meeting? Date _____, Time _____

Reference Checks:

| Date | Person contacted | Position | Employment Confirmed | Issues |
|------|------------------|----------|----------------------|--------|
| | | | | |

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|------|------------------|----------|----------------------|--------|
| | | | | |

The applicant has been paid for one hour at the gym to read and study the Staff Manual?

Yes No Date ____/____/____

Training wage \$ _____ Training Commencement Date: ____/____/____

Starting wage \$ _____ Training Completion Date: ____/____/____