

HAHN'S GYMNASTICS, LLC.

EMPLOYMENT APPLICATION

All portions of this application pertaining to you must be completed. HAHN'S GYMNASTICS, LLC, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, sex, national origin, ancestry, disability, or any other characteristic protected by law.

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street)

_____ (City) _____ (Zip)

PHONE #: _____
(Home) (Cell)

POSITION FOR WHICH YOU ARE APPLYING:

EMPLOYMENT RECORD: (Please account for all time over the past five years, listing the most recent job first.)

Date of Employment	Name / Address of Employer	Job Title	Reason for Leaving
From: To: Phone #:	1.		
From: To: Phone #:	2.		
From: To: Phone #:	3.		
From: To: Phone #:	4.		
From: To: Phone #:	5.		

Please indicate by number the employers we may NOT contact and the reason.

EDUCATION:

	SCHOOL	No. of Years Attended	DEGREE	MAJOR
HIGH SCHOOL				
COLLEGE				
OTHER				

List special training, certificates, or licenses you have relative to the job for which you are applying.

List any job-related professional associations in which you participate. DO NOT INCLUDE ANY ASSOCIATIONS THAT WOULD IDENTIFY AGE, RACE, COLOR, SEX, NATIONAL ORIGIN, OR RELIGION.

QUESTIONS:

If you are hired, when can you begin work? _____

If hired, can you show proof of legal authorization to work in the United States? Yes No

Are you at least 18 years of age? Yes No

Do you have reliable transportation to and from work? Yes No

Do you have any convictions as an adult? A conviction will not necessarily disqualify you from employment. Yes No

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that if hired, I may be required to undergo a physical examination and drug and alcohol screening test. The examination and the test will be performed at the firm's expense, by the firm's choice of physician.

I authorized the firm to investigate, confirm, and supplement any information contained on this application and to contact former employers unless otherwise stated below.

Applicant's Signature: _____

Date: _____

Note: