



APPLICATION FOR EMPLOYMENT

fLipSpot Gymnastics & Cheer, An Equal Opportunity Employer. If applicable to Company, reasonable accommodation under the Americans with Disabilities Act will be provided as required by law.

Last Name	First Name	Middle Initial	Social Security #:
Street Address	City/State	Zip Code	Phone #:
Current Email Address:			
If hired, can you provide evidence of legal eligibility to work in the US?		Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.	
Position Desired:	Wage/Salary Desired:	Full Time? Time?	Part
Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has not been sealed or expunged, or do you have such a case pending?		If yes, when?	If yes, where?
Date you can begin work?	Are you 18 years of age or older?	If under the age of 18, you will be required to submit a birth certificate or work certificate as required by California or Federal Law.	

Name of High School attended:	City & State	Graduate?	GED?	Notes:
Name of College or Technical School:	City & State	Graduate?	Degree?	Major:
Are you presently enrolled in school?	If yes, give name & adress of school and expected degree date:			
List any job-related skills or accomplishments, including Militay Service:				

Your Availablity For Work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week you are available for work:	Do you have any special requests or needs for a work schedule?
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Give Three References That Are Not Former Employers Who We May Contact

Name & Occupation	How do you know them, and for how long?	Phone #

Your Employment History

List names of employers with present or last employer first. Please note if we may not contact your present employer until after you are offered a position.

Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: To:
City, State, Zip Code	Hourly pay or salary: Starting pay: Ending pay:
Supervisor: Telephone:	Reason for leaving:

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CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background and credit history check. I understand that any false or incomplete information may disqualify me from consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with [fLipSpot Gymnastics & Cheer](#), any employment relationship with the [fLipSpot Gymnastics & Cheer](#) is considered "employment at will". This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:	Date:
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