

Katy KIPS Gymnastics Club

Employment Application (pre-employment questionnaire)

PERSONAL INFORMATION

Name (Last, First)	DOB:	Age:	Social Security #:
Present Address:	Apt#:	City:	State Zip
Permanent Address:	Apt#:	City:	State Zip
Home Phone#:	Cell Phone #	Email Address:	

DESIRED EMPLOYMENT

Position Desire:	Date you can start:	Salary Desired:
Are you employed now?	If so, may we contact your current employer?	Contact Name and Number:
Have you ever applied to this company before?	Where?	When?
Have you ever worked at this company before?	Where?	When?
What was your reason for leaving?		
Who referred you to this company?		
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> USA Gymnastics Magazine/Website <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Friend <input type="checkbox"/> Other		

GENERAL INFORMATION, SPECIAL TRAINING OR SKILLS:

Please list subjects of special study or research work:
Please list any special training you have received:
Please list any special skills you have:

EMPLOYMENT HISTORY

Company Name:	Dates of Employment:	Position Held/Title:	Job Duties/Responsibilities:
Company Address:			
Contact Name:	Contact Number:	Starting Salary:	Ending Salary:
Reason for Leaving:		May we contact this employer for a reference?	

Company Name:	Dates of Employment:	Position Held/Title:	Job Duties/Responsibilities:
Company Address:			
Contact Name:	Contact Number:	Starting Salary:	Ending Salary:
Reason for Leaving:		May we contact this employer for a reference?	

Company Name:	Dates of Employment:	Position Held/Title:	Job Duties/Responsibilities:
Company Address:			
Contact Name:	Contact Number:	Starting Salary:	Ending Salary:
Reason for Leaving:		May we contact this employer for a reference?	

EDUCATION

School Level	School Name/Location	Yrs. Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

EMPLOYERS REMARKS (Please do not write below)

Interviewed by:	Date:

Are you willing to take a drug test?
Do you smoke?
Do you have any illness or injury that prevents you from performing this job? List any:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal information, employment, education, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date