

Application for Employment

J&R Sportsplex 1437 S. Walnut Ave. New Braunfels, TX 78130 (830) 606-0375	J&R Gymnastics 1307 W. Court Seguin, TX 78155 (830) 303-2581	J&R Gymnastics 211 S. Stagecoach Trail San Marcos, TX 78666 (512) 392-9882
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We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position applied for: _____ Date of application: _____

How did you learn about J&R?

___ Advertisement ___ Friend ___ Relative ___ Walk-in ___ Other

Last Name First Name Middle Name

Current Address (Street, Apt. #) City State Zip Code

Current Telephone Numbers (Home, Cell) Social Security Number

Permanent Address City State Zip Code

Permanent Telephone Number Person to contact in case of emergency Phone Number

Are you currently employed? ___ Yes ___ No

May we contact your present employer? ___ Yes ___ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ Yes ___ No

(Proof required upon employment.)

On what date would you be available for work? _____

Are available to work: ___ Full time ___ Part Time ___ Temporary

Have you been convicted of a felony within the last 7 years: Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

Education

Education completed: Elementary School High School College
 Graduate Professional Other (specify)

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Briefly state your philosophy of working with children and disciplining children.

Employment Experience

Start with your present or last job. Include any volunteer activities.

1. _____

Employer	Dates employed	Work performed
Address	City, State, ZIP	Telephone number
Job Title	Supervisor	Hourly rate/Salary (starting/final)
Reason for leaving		

2. _____

Employer	Dates employed	Work performed
Address	City, State, ZIP	Telephone number
Job Title	Supervisor	Hourly rate/Salary (starting/final)
Reason for leaving		

3. _____

Employer	Dates employed	Work performed
Address	City, State, ZIP	Telephone number
Job Title	Supervisor	Hourly rate/Salary (starting/final)
Reason for leaving		

4. _____

Employer	Dates employed	Work performed
Address	City, State, ZIP	Telephone number
Job Title	Supervisor	Hourly rate/Salary (starting/final)
Reason for leaving		

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other legally protected status.

Other Qualifications:

Summarize special job related skills and qualifications acquired from employment of other experience.

Specialized skills: ____ PC/MAC ____ Calculator ____ FAX ____ Microsoft Works

State any additional information you feel may be helpful to us in considering your application.

References

1. _____
Name Phone

Address City, State, ZIP

2. _____
Name Phone

Address City, State, ZIP

3. _____
Name Phone

Address City, State, ZIP

4. _____
Name Phone

Address City, State, ZIP

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview Yes No

Remarks: _____

Interviewer

Date

Employed Yes No Date of employment _____

Job Title _____ Hourly rate/Salary _____

By: _____
Name and title Date

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