

## Application for

Pre-Employment Questionnaire
Equal Opportunity Employer

Date		
Date		

Name (Last Name First)				Social Security Number								
Address				City			State	ate Zip Code				
Phone				Email				I				
Do you have a criminal history? Yes No					Referred by							
Position Hours					Hou	rs Avai	ilable to	Work				
Salary Desired			Mon.	Tues.	Wed.	Wed.	Thurs.	Fri.	Sat.	Sun.		
Date available to start work?												
Education History	N	lame and Lo	ocation of	School		Years tended	Did yo		Subj	ects Studied		
High School												
College												
Trade, Business or Correspondence School												
General Information					-							
Gymnastics or Cheer experie	ence											
Past Experience working with	h children											
Sports & Hobbies												
Past Work Experience	e (Last b	elow last 3	employers	s, starting	with l	ast on	e first)					
Date Month and Year				Sala	ary Position		tion	Reason for L		eaving		
From To												
From To												
From To												
ist 3 References												
	Name			Relationship				Best Number to Contact				

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## **Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a background check may be necessary prior to my employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United states and to complete the required employment eligibility verification document form upon hire.

Date \_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_

DO NOT WRITE BELOW DOTTED LINE

Interviewed by \_\_\_\_\_\_\_\_

Remarks