



Application For Employment
Stars Gymnastics Training Center, LLC

Full Legal Name: _____
Address: _____ City: _____ State: _____
Zip: _____ Home Phone: _____ Cell Phone: _____
Email: _____ **Over 18** Y or N **Over 21** Y or N
Social Security Number: _____ US Citizen: Y or N

Employment Desired

Position: _____ Date you are available to start: _____
Pay Desired Per Hour: _____ Number of hours per week you are able to work: _____

Hours available for work: (Circle yes or no for days, and list times available.)

Monday	Y or N	Times _____
Tuesday	Y or N	Times _____
Wednesday	Y or N	Times _____
Thursday	Y or N	Times _____
Friday	Y or N	Times _____
Saturday	Y or N	Times _____
Sunday	Y or N	Times _____

Have you worked birthday parties before? Yes or No
Are you available for any office hours? Yes or No
Are you employed now? Yes or No
Part-time or Full-time? _____ Number of hours worked each week? _____
Reason for leaving: _____

Supervisor: _____ Supervisor Phone Number: _____ Name of

May we contact supervisor? Yes or No



Education

College: _____ Location: _____

Major: _____ Did you graduate? Yes or No

Graduation Year: _____ Degree: _____

If no degree, how many years did you attend college? _____

Do you plan to return to complete your degree? Yes or No

Clubs or organizations you belonged to in college: _____

Do you have a teaching certificate? Yes or No

High School Name: _____ Location: _____ Graduation Year: _____

Gymnastics and/or Cheer Experience

Did you compete in college? Yes or No If yes, how many years? _____

Gymnastics Scholarship? Yes or No If yes, what school and how many years? _____

Cheer Scholarship? Yes or No If yes, what school and how many years? _____

College Coaches Name: _____ Phone Number: _____

College Awards, honors, and achievements:

Did you compete in High School? Yes or No If yes, how many years? _____

High School Coaches Name: _____ Phone Number: _____

Highest Level Competed: _____ High School Awards, honors, and achievements: _____

USAG Competitive Gymnast: Yes or No How many years did you compete? _____

What level(s) did you compete (Please list all levels you competed, and whether you achieved State, Regionals, Nationals, or International)? _____

Are you a USAG Professional Member?: Yes or No

USAG Professional Number: _____ Expiration Date: _____



Certifications:

USAG "Safety Certified"?	Yes or No	Expiration Date: _____
USAG "KAT Certified"?	Yes or No	Expiration Date: _____
USAG "PDP Certified"?	Yes or No	Expiration Date: _____
USAG Certified Meet Director?	Yes or No	Expiration Date: _____
USAG Certified Judge?	Yes or No	Expiration Date: _____
CPR Certified?	Yes or No	Expiration Date: _____
First Aid Certified?	Yes or No	Expiration Date: _____
Are you a member of USECA?	Yes or No	Expiration Date: _____
Athletic Trainer Certified?	Yes or No	Expiration Date: _____
Cheer "Safety Certified"?	Yes or No	Expiration Date: _____
Do you have choreography skills?	Yes or No	
Other Certifications? (P.E. Teacher, Elementary Teacher, Secondary Teacher): _____		

List all USAG Congresses, Symposiums, Clinics or Mini Congresses and/or Cheer Symposiums, camps and clinics you have attended in the last three years (include location and dates): _____

Gymnastics and Cheer Coaching Abilities

Please circle yes if you are qualified to teach or spot.

Can you teach preschool gymnastics?	Yes or No
Can you teach beginning girls classes (Level 1 and 2)?	Yes or No
Can you teach advanced girls classes (Level 3 and 4)?	Yes or No
Can you teach beginner boys classes (Level 1 and 2)?	Yes or No
Can you teach advanced boys classes (Level 3 and 4)?	Yes or No
Can you teach trampoline and/or tumble track?	Yes or No
Can you teach cheerleading (stunts and tumbling)?	Yes or No
Are you trained to use inground landing pits?	Yes or No
Are you trained to use an overhead spotting rig?	Yes or No



List the highest skill you are able to teach and spot safely for each of the following:

Tumbling/Acrobatics: _____ Beam: _____

Vaulting Horse: _____ Uneven Bars: _____

Trampoline: _____ Tumble Trak: _____

Rings: _____ Single Bar: _____

Pommel Horse: _____ "P" Bars: _____

Men's High Bar: _____ Mini Tramp: _____

List your last three gymnastics and/or cheer teaching jobs in date order:

1. _____ Dates: _____

2. _____ Dates: _____

3. _____ Dates: _____

List any other coaching experiences that you feel may qualify you for the position you are applying for:

Employment History

Name of CURRENT employer: _____

Address of current employer: _____

Starting Date: _____ Ending Date: _____ Hourly Pay: _____

Number of hours worked per week: _____ Job Title: _____

Supervisor Name: _____ Supervisor Phone Number: _____

Reason for Leaving: _____



Name of PREVIOUS employer: _____

Address of previous employer: _____

Starting Date: _____ Ending Date: _____ Hourly Pay: _____

Supervisor Name: _____ Supervisor Phone Number: _____

Reason for Leaving: _____

Professional References

	<u>Name</u>	<u>Phone Number</u>	<u>Profession</u>	<u>Years Acquainted</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Special Questions

What languages can you speak besides English? _____

Do you have transportation? _____

Who referred you to Stars Gymnastics? _____

Emergency Contact _____ Phone _____

I certify that the facts contained in the application are true and complete to the best of my knowledge and understanding. That if employed, falsified statements on the application shall be ground for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you all information concerning my previous employment.

I also agree and encourage a complete background check on myself if offices/administrators of Stars Gymnastics deemed it necessary. This investigation may include asking my current and any former employer and educational institutions I have attended about my education, training, experience, qualifications, job performances, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, positions(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and information.



I release, hold harmless and agree not to sue or file any claim of any kind against my current or former employer or educational institution, and any officer or employees of either, that in good faith furnishes written or oral references requested by Stars Gymnastics to complete its background investigation.

I will not work for another gymnastics or cheer facility without the written consent from the Stars facility owners/officers.

If hired, I also agree to a drug screening prior to my employment. I also acknowledge that there may be random drug screening tests during my employment at Stars Gymnastics.

SIGNATURE OF APPLICANT

DATE

I DO HEARBY AUTHORIZE YOU TO RELEASE TO STARS GYMNASTICS THE ABOVE INFORMATION CONCERNING THE FOLLOWING EMPLOYMENT HISTORY, DATES, TITLE, HOURS, ETC.

*Please attach a copy of the following to this application:

- Driver License
- Passport
- Photograph of yourself
- Resume

Stars Gymnastics Training Center
10516-G Katy Freeway
Houston, TX 77043
