



Spirit Athletics, LLC \* 29001 Solon Road, Solon OH 44139 \* (440) 914 - 1070 \* office@spiritathleticscheer.com

## Application for Employment

Thank you so much for your interest in our program!

Please complete the following information and return to the gym for employment consideration.

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

\*Birth date is only necessary to run a candidate's background check.

Have you ever been convicted of a crime by civil, federal, or military courts? If yes, please explain.

If you are 18 years of age or older, do you give us permission to do a background check? Yes      No

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

How did you hear of Spirit Athletics and our employment opportunities?

Have you had any affiliation with Spirit Athletics in the past? If yes, please explain.

Were you referred by a past or present staff member, athlete, or customer? If yes, please provide the name(s).

Have you worked for other gyms, competition companies, etc? If yes, please list gym name, city, and state.

What does the word 'Spirit' mean to you? \_\_\_\_\_

### Educational Information

Name & Location of School	Graduated?	Years Completed	Major/Course Study
High School	Yes	1 2 3 4	
	No		
College	Yes	1 2 3 4	
	No		
Other	Yes	1 2 3 4	
	No		

Please list below any other relevant experience, honors, education, certifications, and credentials below.

---

---

---

---

---

---

---

---

---

---



Spirit Athletics, LLC \* 29001 Solon Road, Solon OH 44139 \* (440) 914 - 1070 \* office@spiritathleticscheer.com

## Application for Employment

### Employment History

Please list below your three most recent employers.

Position	Company Name & Address	Phone # and Name of Direct Supervisor	Reason for Leaving	Start Date End Date	Start Wage End Wage

### Employment Desired

Position/Program Applying For \_\_\_\_\_

Desired Start Date \_\_\_\_\_ Desired Salary \_\_\_\_\_

How many days per week would you like to work?

How many hours per week would you like to work?

If applying for an instructor position, what ages/levels would you like to teach? Please explain.

If applying for an instructor position, are there any ages/levels you do not feel able to teach? Please explain.

Please list below the hours you are available to work each day.

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

Please list any known conflicts that may arise during your employment, including classes, sports teams, other work, etc.

### Professional References

Please list three business associates that we may contact as a reference below. Please do not include family members.

Name	Address & Phone Number	Business Relationship	Years Acquainted

### Verification

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that if I am over 18 years old and have agreed within this document, a background check will be conducted prior to my employment, the results of which may or may not affect eligibility for hire. I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_