



**BISMARCK GYMNASTICS  
ACADEMY, INC.**

**APPLICATION FOR EMPLOYMENT**  
*Please print MUST complete in full*

Position for which you are applying \_\_\_\_\_

Circle Days Available: M T W TH F Sat Sun      If hired, when could you start? \_\_\_\_\_

**Part I**

Name \_\_\_\_\_ Are you 21 years or older?    \_\_\_yes \_\_\_no

Address \_\_\_\_\_ Are us a US citizen?        \_\_\_yes \_\_\_no

City, State, Zip \_\_\_\_\_ Have you worked for us before?    \_\_\_yes \_\_\_no

Daytime Phone (    ) \_\_\_\_\_ If so, when? \_\_\_\_\_

Evening Phone (    ) \_\_\_\_\_ Position held? \_\_\_\_\_

E-mail \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

**Part II – EDUCATIONAL PREPARATION (High School, College / Trade School)**

Name of School, City, State	Course of Study	Degree	Date of Graduation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Part III – WORK EXPERIENCE (List last two jobs held, including your current job)**

Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Supervisor \_\_\_\_\_ Beginning Date \_\_\_\_\_ to \_\_\_\_\_

May we contact your current employer?    \_\_\_Yes \_\_\_No

If no, please explain: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Briefly describe work performed \_\_\_\_\_

Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Supervisor \_\_\_\_\_ Beginning Date \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Briefly describe work performed \_\_\_\_\_

**Part IV – GYMNASTICS EXPERIENCE**

**EXPERIENCE:** Please list personal gymnastics experience followed by teaching experience.

<u>Club or Program</u>	<u>Dates</u>	<u>Years</u>	<u>Reason for leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What levels have you coached and where at:  
\_\_\_\_\_  
\_\_\_\_\_

What is your philosophy on discipline: \_\_\_\_\_  
\_\_\_\_\_

What are your ambitions for / in gymnastics: \_\_\_\_\_

**Part V – OTHER EXPERIENCE / TRAINING, LICENSES / CERTIFICATES**

List any special qualifications relevant to the position for which you are applying and are not covered elsewhere in your application (such as technical skills and/or computer, childcare training, CPR, First Aid, Safety Certification etc.) For licenses and certificates, you must include date and place of issuance, date of expiration and be able to present a copy of certification, if hired.

**Part VI – REFERENCES (persons who can speak of your job / professional qualifications)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_

**Part VII – GENERAL INFORMATION**

Drivers License? \_\_\_\_yes \_\_\_\_no If so, ID number \_\_\_\_\_ State issued \_\_\_\_\_  
Has license been suspended or revoked in the last three years? \_\_\_\_Yes \_\_\_\_No  
If yes, give details: \_\_\_\_\_  
Have you ever been convicted of a felony? \_\_\_\_Yes \_\_\_\_No  
If yes, answer the following: State charged \_\_\_\_\_ County charged \_\_\_\_\_  
Charge took place in: \_\_\_\_Federal Court \_\_\_\_State Court Explain: \_\_\_\_\_  
Have you ever been convicted of any offense involving a crime against a child including, but not limited to, the sexual molestation, physical or sexual abuse or rape of a child? \_\_\_\_Yes \_\_\_\_No  
If yes, answer the following: State charged \_\_\_\_\_ County charged \_\_\_\_\_  
Charge took place in: \_\_\_\_Federal Court \_\_\_\_State Court Explain: \_\_\_\_\_  
Have you ever been convicted of a misdemeanor within the last 10 years? \_\_\_\_Yes \_\_\_\_No  
If yes, answer the following: State charged \_\_\_\_\_ County charged \_\_\_\_\_  
Charge took place in: \_\_\_\_Federal Court \_\_\_\_State Court Explain: \_\_\_\_\_  
Are there currently any criminal charges pending against you? \_\_\_\_yes \_\_\_\_no  
If yes, answer the following: State charged \_\_\_\_\_ County charged \_\_\_\_\_  
Charge took place in: \_\_\_\_Federal Court \_\_\_\_State Court Explain: \_\_\_\_\_

**Part VIII – AUTHORIZATION**

I CERTIFY THAT ALL FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND AND AGREE THAT ANY MISSTATEMENT WILL BE GROUNDS FOR DISQUALIFICATION OR DISMISSAL FROM EMPLOYMENT BY THE BISMARCK GYMNASTICS ACADEMY.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYEMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, TO INCLUDE A BACKGROUND CHECK AND RELEASE THE BISMARCK GYMNASTICS ACADEMY OF ANY LIABILITY AND ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I UNDERSTAND BY PROVIDING INFORMATION ON THIS APPLICATION THAT THERE IS NO CONTRACTUAL OR IMPLIED AGREEMENT BETWEEN ME AND THE BISMARCK GYMNASTICS ACADEMY.

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

**Complete and return application to:** Bismarck Gymnastics Academy, Inc.  
3200 North 10<sup>th</sup> Street  
Bismarck ND 58503  
**Website:** www.bismarckgymnastics.org  
**E-mail:** office@bismarckgymnastics.org  
**Phone:** (701) 258-8956  
**Fax:** (701) 751-2081