Hahn's Gymnastics LLC. Employment Application

All portions of this application pertaining to you must be completed. Hahn's Gymnastics, LLC. in accordance with state and federal laws, does not discriminate on the basis of age, race, color, sex, nationality, ancestry, disability, or any other characteristic protected by law.

Name: _____
(First) (Middle) (Last)

Address: _____
(Street)

_____
(City) (State) (Zip Code)

Phone Number: _____
(Home) (Cell)

Position for which you are applying:

_____

Employment Record: Please account for all time over the past five years, listing the most recent job first.

Dates of Employment	Name of Employer	Address of Employer	Phone Number of Employer	May We Contact?	Job Title	Reason for Leaving
From: To:				☐		
From: To:				☐		
From: To:				☐		
From: To:				☐		
From: To:				☐		

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Education:

	School Name	Number of Years Attended	Degree	Major | Minor
High School				
College				
Other				

List any special training, certificates, or licenses you have that could be relevant to the job for which you are applying below.

_____

_____

_____

List any job-related professional associations in which you participate.

Do not include any associations that would identify age, race, color, sex, nationality, or religion.

_____

_____

_____

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Job Related Questions:

	Yes	No
If you are hired, when can you begin work? _____		
If hired, can you show proof of legal authorization to work in the United States?	☐	☐
Are you at least 18 years of age?	☐	☐
Do you have reliable transportation to and from work?	☐	☐
Do you have any convictions as an adult? **A conviction will not necessarily disqualify you from employment.**	☐	☐

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Please read all of the following before signing

I certify that the information shown on this application is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance, I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that if hired, | may be required to undergo a physical examination and drug and alcohol screening test. The examination and the test will be performed at the firm's expense, by the firm's choice of physician.

I authorized the firm to investigate, confirm, and supplement any information contained on this application and to contact former employers unless otherwise stated.

Applicant's Signature: _____

Date: _____