



Application For Employment

5 Graphics Drive | Ewing New Jersey 08628 | 609-393-5855

Personal information

Position Applying For: _____ Salary Requirement: _____ Date of Application: _____

Name: _____ Soc Sec. # _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Cell Telephone: () _____ Email: _____

If under 18, can you furnish a work permit? Yes No Are you legally eligible to work in the United States Yes No

Indicate Preferred Work Schedule: (check all that apply) Full Time Part Time Days Evenings Weekends

Employment Experience

Current Employer

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: () _____ Salary: _____

Supervisor's Name: _____ Start Date: _____ End Date: _____

Reason for leaving: _____

Duties and responsibilities: _____

Previous/Other Employment

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: () _____ Salary: _____

Supervisor's Name: _____ Start Date: _____ End Date: _____

Reason for leaving: _____

Duties and responsibilities: _____

Previous/Other Employment

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: () _____ Salary: _____

Supervisor's Name: _____ Start Date: _____ End Date: _____

Reason for leaving: _____

Duties and responsibilities: _____

Do you have any previous experience in the field of gymnastics, related fields, or other program areas? Yes No

If Yes, briefly describe what you have done, include the name, address, and phone of former employer.

Do you have any experience working with children? Yes No

If Yes, briefly describe what you have done, include the name, address, and phone of former employer.

Education Background

High School _____ City: _____ State: _____

Number of years: _____ Did you graduate? Yes No Degree/Diploma? _____

College _____ City: _____ State: _____

Number of years: _____ Did you graduate? Yes No Degree/Diploma? _____

Any other education experience or degrees _____

References

Name: _____ Name: _____ Name: _____

Phone: () _____ Phone: () _____ Phone: () _____

Email: _____ Email: _____ Email: _____

Relation to you: _____ Relation to you: _____ Relation to you: _____

Additional Information

Please list relevant skills, training, and/or licenses that help qualify you for the job:

How do you feel you could contribute to Schafer Sports Center in a positive way?

What would you like to get out of this job?

I certify that answers given herein are true and completed to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not, and is not intended to be, a contract of employment.

I understand that Schafer Sports Center, Inc. conducts criminal background checks for new hires. I authorize Schafer Sports Center, Inc. or their chosen vendor to exchange criminal history information with various criminal justice agencies.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that I am required to abide by all rules and regulations of Schafer Sports Center.

Signature: _____ Date: _____