

ROCK SPRINGS GYMNASTICS

Employment Application

P.O. Box 1307
 Rock Springs, WY 82902
 307-362-1647
<http://www.rsgymnastics.org>



Thank you for your interest in working for Rock Springs Gymnastics. Rock Springs Gymnastics is committed to creating a safe and positive environment, free of misconduct, for all. Rock Springs Gymnastics has **zero tolerance** for any type of abuse and seeks only to employ those persons who share our commitment to the welfare of all our participants.

Please answer each question fully and accurately. No action can be taken on this application unless it is complete. Use blank papers if you do not have enough room on this application. **PLEASE PRINT IN INK OR TYPE**, except for the signature at the end.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City			State	ZIP	
Phone			E-mail Address		
Are you at least 18 yrs of age? Yes <input type="checkbox"/> No <input type="checkbox"/> (applicants must be at least 14 yrs old as required by law)					
JOB INFORMATION					
Position Applied for					
Date Available				Desired Salary	
When are you available to work?	Mornings <input type="checkbox"/>	Afternoon/Evenings <input type="checkbox"/>	Weekends <input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Do you have any relatives currently employed by Rock Springs Gymnastics	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
YOU MUST ANSWER ALL QUESTIONS IN THIS SECTION.					
Have you ever been convicted under any criminal law; including any plea of "guilty," "no contest," or "deferred adjudication" (excluding minor traffic violations)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when, where, and what was the disposition?		
Do you have any charges or prosecutions that are pending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been fired from a job or asked to resign?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
May we contact your present employer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain why.		
Do you currently have a USA Gymnastics Membership?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Member #		
Are you currently CPR/Fist Aid Certified	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, expiration date		

EDUCATION									
High School						Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College						Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other						Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
REFERENCES									
<i>Please list three professional references who are familiar with your qualifications.</i>									
Full Name							Relationship		
Company							Phone		
Address									
Full Name							Relationship		
Company							Phone		
Address									
Full Name							Relationship		
Company							Phone		
Address									
PREVIOUS EMPLOYMENT									
Please account for all periods of time, in the last 3 years, including military service and any periods of unemployment. List your most recent employer first. If self-employed, provide company name and supply business reference(s).									
Company							Phone		
Address							Supervisor		
City			State			ZIP			
Job Title			Starting Salary \$			Ending Salary \$			
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, why?									
Company							Phone		
Address							Supervisor		
Job Title			Starting Salary \$			Ending Salary \$			
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, why?									

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, why?			
AFFIDAVIT, CONSENT, AND RELEASE			
<i>PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING</i>			
<p>I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that any false information or omission (except omissions protected by law) may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.</p> <p>I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. A copy of this Affidavit signed by me can be used as my authorization for release of information from my former employers, schools, or persons named in this application.</p> <p>I understand that I may be required to successfully pass a drug screening examination. I hereby consent to pre- and/or post employment drug screening as a condition of employment, if required.</p> <p>I understand that I will be screened for criminal background, listing on a sex offender registry, and inclusion on the USA Gymnastics Permanently Ineligible members. I understand that, if employed, I will be rescreened on an annual basis for criminal background, listing on a sex offender registry, and inclusion on the USA Gymnastics Permanently Ineligible members. Information attained by these screenings may cause me to be disqualified from, or have my employment terminated by, Rock Springs Gymnastics. I understand that information attained by these screenings will be shared within the organization on a "need to know" basis and only disclosed to third parties outside the organization as required by law.</p> <p>I understand that I may be rejected based on the content found on my social media pages that reflect comments or behaviors inconsistent with Rock Springs Gymnastics' policies or interests.</p> <p>I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screening as a condition of employment if required.</p> <p>I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINATE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.</p> <p>I have read the above statements and understand that, by my signature, I consent to these statements.</p>			
Signature		Date	

Completed applications can be scanned and emailed to rsgymnastics@outlook.com, mailed to P.O. Box 1307, Rock Springs, WY 82902, or dropped off in person, at the gym (Rock Springs Family Recreation Center – far end basketball court – M-TH 4:30 p.m.– 7:00 p.m.).