** Employment Application**

Balance Institute of Gymnastics

16w110 83rd Street \* Burr Ridge, IL 60527

Phone 630.323.6244 fax 630.323.2841

[www.biggymnastics.com](http://www.biggymnastics.com)

To be hired at BIG Gymnastics, you are required to supply at least 2 references which attest to your suitability for employment. References MUST be on file before the hiring process can be completed. Please read further for instructions.

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| --- |
| ***Personal Data*** |
| Name (Last) | First | Middle | Social Security No. |
|   |   |   |   |
| Address (Street) (City/State) Zip Phone Alt. Phone |
|   |
|
| Are you 19 years of age or older? Yes No If no, enter age \_\_\_\_ years | Date of Birth\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_ |
| Are you a citizen of the USA or have a legal right to work in the U.S.? Yes or No (employment subject to I-9) |
| Have you even been convicted of anything other than a traffic violation? Yes or No If yes, explain below: |
|   |
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|
| Have you ever worked at BIG Gymnastics? Yes or No If yes, who was your immediate supervisor and under what  |
| conditions did you leave? |
|   |
|
| Positions you are applying for?  |  | How did you learn about us? |  |
|   |  |  |   |  |  |
| Pay Range Expected  |  | Date you are available to start: |  |
|   |  |  |   |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| ***Availability*** |
| When are you available to work? |  |  |  |  |  |  |  |
| Hours Available  | *Sunday* | *Monday* | *Tuesday* | *Wednesday* | *Thursday* | *Friday* | *Saturday* |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| Please check one:  |  |  |  |  |  |  |  |
| Full-Time |   | Summer Only |   |  |  |  |  |
| Part-Time |   | Other |   |  |  |  |  |

At Balance Institute of Gymnastics, teaching gymnastics, tumbling and correct physical fitness techniques can require unexpected movement including lifting and “spotting” children weighing up to 150 lbs. or more. In addition, coaching positions may require lifting and/or adjusting or moving heavy mats or equipment. Please indicate below if you have any current and/or past physical limitations or health conditions that may prevent you from performing these necessary duties for which you are applying.

\_\_\_ Yes, I am able to perform the physical requirements of the position(s) for which I applied without jeopardizing my safety, the safety of the children, or my co-workers.

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| ***Educational Data*** |
| Name and location of School | Graduated? | Years Completed | Major/Course Studied |
| High School |   | Yes \_\_\_ | No \_\_\_ | 1 2 3 4 |   |   |   |
| College/Other |  | Yes \_\_\_ | No \_\_\_ | 1 2 3 4 |  |  |   |
| College/Other |   | Yes \_\_\_ | No \_\_\_ | 1 2 3 4 |   |   |   |
| Describe honors, apprenticeships, post graduate education, or any specialized training you may have: |
|   |
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| ***Employment History*** |
| Company Name Address |  Telephone No. |  |
|   |   |
| Job Title/Position: |   | Describe Daily Duties: |   |
| Name of Immediate Supervisor | \_\_\_\_ | I am no longer employed at this company |  |  |   |
|   | \_\_\_\_ | I am currently employed at this company and it is okay to contact this person |
|   | \_\_\_\_ | I am currently employed at this company and please do not contact this person |
|  |  |  |  |  |  |  |  |  |
| Start Wage $ | Final Wage $ | Reason For Leaving? |   |   |   |   |   |
| Start Date: \_\_/\_\_/\_\_ | Final Date: \_\_/\_\_/\_\_ |   |   |
|  |  |  |  |  |  |  |  |  |
| Company Name Address |  Telephone No. |  |
|   |   |
| Job Title/Position: |   | Describe Daily Duties: |   |
| Name of Immediate Supervisor | \_\_\_\_ | I am no longer employed at this company |  |  |   |
|   | \_\_\_\_ | I am currently employed at this company and it is okay to contact this person |
|   | \_\_\_\_ | I am currently employed at this company and please do not contact this person |
|  |  |  |  |  |  |  |  |  |
| Start Wage $ | Final Wage $ | Reason For Leaving? |   |   |   |   |   |
| Start Date: \_\_/\_\_/\_\_ | Final Date: \_\_/\_\_/\_\_ |   |   |
|  |  |  |  |  |  |  |  |  |
| Company Name Address |  Telephone No. |  |
|   |   |
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|  |  |  |  |  |  |  |  |  |
| Start Wage $ | Final Wage $ | Reason For Leaving? |   |   |   |   |   |
| Start Date: \_\_/\_\_/\_\_ | Final Date: \_\_/\_\_/\_\_ |   |   |

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| ***Other Accomplishments*** (School, jobs, awards, distinction, certifications, volunteer work, etc) |
|   |
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***Understanding & Agreement (please read each statement carefully)***

I certify that the statements given on this application or during an interview(s) are true and complete and I authorize investigation of same with exception of contacting my current employer if I have so requested in this document. I have read and agree to the above statement.

|  |  |
| --- | --- |
| initial here: |   |

I understand that if I am hired that any false, incomplete or misleading information given from this point on (including in an interview(s) or on the job) shall result in immediate termination. I have read and agree to the above statement.

|  |  |
| --- | --- |
| initial here: |   |

I authorize the references given on this application and during any interview(s) to give to representatives of Balance Institute of Gymnastics any and all information concerning my previous or current employment and any significant information they may have, personal or otherwise. I release all parties from any and all accountability from any damage that may result. I have read and agree to the above statement.

|  |  |
| --- | --- |
| initial here: |   |

I understand that if I am hired my continued employment at BIG is contingent upon my successful performance during a new hire period of 90 days. I have read and agree to the above statement.

|  |  |
| --- | --- |
| initial here: |   |

I understand that if I am hired my ongoing employment will be *at will* meaning employment may be terminated at any time with or without reason and with or without notice. I further understand that this *at will* agreement cannot be changed in any way except through a written understanding signed by the gym owner. I have read and agree to the above statement.

|  |  |
| --- | --- |
| initial here: |   |

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance Institute of Gymnastics is an EQUAL OPPORTUNITY EMPLOYER and does not discriminate against applicants or employees on the basis of race, color, gender, marital status, religion, national origin, age, veteran status, disability, or any other basis prohibited by local, state or federal law. No question on this application is intended for or will be used for the purpose of limiting or excusing any applicant’s consideration for employment.

***Authorization for Background Checks***

Balance Institute of Gymnastics’ number one concern is to provide a safe and fun environment for its students. Please know, Balance Institute of Gymnastics performs background checks on all employees.

I understand and agree that the company I am applying for will administer background checks on me and my employment is conditional upon the results of these checks.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please tell us a little more about yourself…***

Friendliness, Positive Attitude, and a dedication are essential qualities for BIG employees. At the end of every day, our students and their families go home with only their memories of the way they were treated. Please tell us about you and your ability and desire to become a part of the BIG family…..

This letter is in reference to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is applying for employment at ***Balance Institute of Gymnastics (BIG).***

***BIG*** employees work with and around children, sometimes in an unsupervised environment. Therefore, in order to be considered for employment, all applicants are required to supply at least **two written character references** to help our Company accurately evaluate each applicant to see if they are the right fit for ***BIG***. Please complete and return this form to the address listed below as soon as possible. The employment process cannot be completed until all reference letters are reviewed.

Thank you for your assistance.

 Balance Institute of Gymnastics .16W110 – 83rd Street .Burr Ridge, IL 60527 .E-mail: biggirlsteam@yahoo.com.Phone: 630-323-6244 .Fax: 630-323-2841 (Please call above number before faxing to assure confidentiality)

|  |
| --- |
| 1. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your relationship to the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have any reason to suspect that the applicant is not suited to work with or around children of any age in an unsupervised environment? **YES NO** If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. To the best of your knowledge, has this person ever been convicted of or pleaded guilty to child abuse or any violent crimes or had a child removed from their home? **YES NO**
2. To the best of your knowledge, has the applicant ever been fired/dismissed/terminated or been asked to resign from a position because of failure to carry out responsibilities? **YES NO**
3. Please summarize your opinion of this applicant’s character, in particular their suitability to work with or around children. Confidentiality assured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. To the best of your knowledge, has this person ever been convicted of or pleaded guilty to child abuse or any violent crimes or had a child removed from their home? **YES NO**
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