



Employment Application

Date: _____

3 Character References Required before Interview

See attached envelope for instructions

Personal Data

Last Name	First Name	Middle	Social Security #
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Current Address	City/State	Zip	Previous Names (maiden name, etc.)
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Cell Phone	Home Phone	Email
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Are you 18 years of age or older? Yes No If no, enter your age _____ yrs. and DOB _____ / _____ / _____

Are you a citizen of the USA or have a legal right to work in this country? Yes No (employment subject to I-9 form)

Have you ever been convicted of anything other than a traffic violation? Yes No If yes, explain below:

Have you ever worked at WCGC? Yes No If yes, what was your job and reason you left?

Position Applying for:	How did you hear about us?
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Pay range expected	Part or Full time?	Seasonal or Year-round?
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What days are you available to work?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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What evenings are you available to work?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Do you have a drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
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At WCGC, teaching physical education skills to children or general supervising children in physical environment sometimes requires quick or unexpected movements including lifting or catching (spotting) children weighing up to 150 lbs or more. Additionally, teaching positions also require lifting and adjusting heavy sports apparatus.

- Yes, I am able to perform the physical requirements of teaching without jeopardizing my safety or the safety of WCGC students, clients, guests, co-workers or others.
- No, I am unable to perform the physical requirements safely. Please explain.

Education

High School	Did you graduate?	If No, what grades have you completed?	Do you have a GED?
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College or other	Dates attended	Major	Did you graduate? If No, years completed
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Describe honors, education, specialized training or volunteer work that is relevant to this job.

Do you have a current 1st aid certification? Yes No
 Do you have a current CPR certification? Yes No

Employment History

Company Name	Kind of business	Address
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Your Title	Name of Supervisor	Company Phone #	Supervisor Email & Phone #
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Your Duties	<input type="checkbox"/> I am no longer employed at this company. <input type="checkbox"/> I am currently employed at this company and it is OK to contact my supervisor. <input type="checkbox"/> I am currently employed at this company, please do NOT contact my supervisor.
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Starting Wage \$	Final Wage \$	Reason for leaving?
Start Date ___/___/___	Final Date ___/___/___	

Company Name	Kind of business	Address
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Your Title	Name of Supervisor	Company Phone #	Supervisor Email & Phone #
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Starting Wage \$	Final Wage \$	Reason for leaving?
Start Date ___/___/___	Final Date ___/___/___	

Employment Application
Walworth County Gymnastics Center

Applicant's Name _____

Please Read Carefully and Initial

I certify that the statements given on this application and during an interview are true and complete. I authorize investigation of my personal, educational and employment history.

Any false, incomplete or misleading information given shall result in immediate termination.

I have read and agree to the above statements.

I understand that if I am hired, my continued employment is contingent upon my successful performance during a new hire period of 90 days.

I have read and agree to the above statements.

WCGC is an AT WILL employer. I understand that if I am hired, my ongoing employment is AT WILL, meaning employment may be terminated by either party 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 written notice signed by the President of Midwest Twisters.

I have read and agree to the above statements.

Signature _____

Date _____

WCGC 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.

Authorization for Background Checks

WCGC #1 concern is to provide a safe and happy environment for its students and clients.

With that in mind, WCGC performs background checks on employees.

I understand and agree that WCGC will administer background checks on me and that employment is contingent on the results of these checks.

Signature _____

Date _____

About You

What qualities do you have that would make you a good fit for WCGC?

For Office Use Only

Applicant's Name _____

Date: _____

3 Character References Required before Interview

Character Reference 1 Date Received ___/___/___

Character Reference 2 Date Received ___/___/___

Character Reference 3 Date Received ___/___/___

Called for first Interview by _____ Date ___/___/___

Interview Date ___/___/___ Time _____

Interview with _____ Location _____

Shadowed Classes, Entertainment or Secretary

Shadow Date ___/___/___ Time _____

Employee Shadowing _____ Location _____

Shadow form filled out by _____ Date ___/___/___

Called for 2nd Interview by _____ Date ___/___/___

Interview Date ___/___/___ Time _____

Interview with _____ Location _____

Hired by _____ Date ___/___/___

Rate of Pay \$ _____ per hour Position _____

Location _____

Paperwork given by _____ Date ___/___/___

Paperwork returned on Date ___/___/___
