

## **APPLICATION FOR EMPLOYMENT**

21 Zaca Lane #100, San Luis Obispo, CA. 93401 (805)549-8408 . www.iflipforCCG.com

Please email completed application to Mimi@iflipforCCG.com or drop it off at our office in Gym #1.

PERSONAL INFORMATION		Date of application:		
Name: First	Middle Initial		Last	
Address: Apt/Street		City/State	Zij	0
Contact info: Cell Phone		Email address		
Position desired:		_Available start o	date:	
Desired hourly pay: \$	Part time/# of hours:		Full-Time: Yes	No
Are you currently employ	yed? If yes, where:			
Are you currently employed? If yes, where:    EDUCATION    Name and location  Graduate? # of yrs. attended  Major/ subjects studied    High School				

Memberships			
NGA#	/expires:	Background exp	Safety exp
USAG #	/expires:	Background exp	Safety exp
Safe Sport exp.	Concussion Protocol's & Training:		AED exp
First Aid/CPR exp	NAWGJ (ju	udges cert level):	Other:

**PREVIOUS WORK EXPERIENCE** (Attach a resume if necessary) Please list top as the most current/recent place of work, ascending down in the timeline. If you have had a place of work that did not end well, please let us know to not contact them and why. We know sometimes leaving a job/position can be difficult.

Dates Employed:	Company Name:	Location:	Position held:	Reason for leaving:
1.				
2.				
3.				
4.				
5.				
6.				

## REFERENCES

Name	Relationship	Phone #	Years known	May we contact?
1.				
2.				

Ρ	lease answer these questions:
1.	Are you willing to submit to a background check once considered for employment? Yes No
2.	How did you learn about a job position at Central Coast Gymnastics?
3.	Do you have any hobbies, interests, or volunteer outside of work?

I certify that the statements and information furnished by me in this application are true and correct. I understand that omitted, false or misstated statements on this application are grounds for refusal to hire, or dismissal, at any time the Company becomes aware of the omitted, falsified, or misstated information.

I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Central Coast Gymnastics Sports Center Inc., from any liability for any damage that may result from utilization of such I information. I also understand and agree that no representative of Central Coast Gymnastics Sports Center has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized CCG company representative.

My Signature certifies that I have read and agree with all of the above statements, and all information is correct to the best of my knowledge:

NAME/SIGNATURE OF APPLICANT: