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Employment Application

APPLICANT INFORMATION															
Last Name			First			M.I.									
Street Address					Apartment/ Unit #										
City			State			ZIP									
Phone			E-mail Address												
Position Applied for		Desired Salary													
Availability		Mon. _____		Tues. _____		Wed. _____		Thurs. _____		Fri. _____		Sat. _____		Sun. _____	
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 references.</i>															
Full Name			Relationship												
Company			Phone ()												
Address															
Full Name			Relationship												
Company			Phone ()												
Address															
Full Name			Relationship												
Company			Phone ()												
Address															
Have you ever been convicted of a Felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>									

PREVIOUS EMPLOYMENT									
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"/>			
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"/>			
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"/>			
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"/>			
ARE YOU CURRENT WITH ANY OF THE FOLLOWING? (ONLY CHECK THOSE THAT APPLY)									
TB Test: YES <input type="checkbox"/> NO <input type="checkbox"/>			CPR/First Aid: YES <input type="checkbox"/> NO <input type="checkbox"/>			Lifeguard: YES <input type="checkbox"/> NO <input type="checkbox"/>			
Note: A background check will be required prior to hire.									
EXPERIENCE									
GYMNASTICS, DANCE, OR SWIM EXPERIENCE (OR OTHER ACTIVITIES, IF APPLICABLE)									
TEACHING / WORKING WITH CHILDREN									

PERSONAL

HOW / WHERE I HEARD ABOUT CSC:

WHERE I SEE MYSELF IN 1, 3, AND/OR 5 YEARS:

CSC SHOULD HIRE ME BECAUSE...

ADDITIONAL COMMENTS?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature		Date	
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