



Application for Employment
Aerial Tumbling and
AcroGymnastics

Date of Application
____/____/____

AVAILABILITY

Position Applying For: _____

Date Available to Start: _____

Pay Range Expected: _____

Desired Schedule:

Check Days Available: Sun Mon Tue Wed Thur Fri Sat

Full Time Part Time Temporary

Hours Available each day: _____

PERSONAL INFORMATION

Last Name _____ First Name _____

Email address _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone No. _____ Home Phone No. _____

Are you 18 years of age or older? Yes (Do Not enter DOB below) No (Please enter Age and DOB below)

Date of Birth (only enter if under 18) _____(MM/DD/YYYY)

At ATA, teaching physical education skills to children or generally supervising children in a 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 often require lifting and adjusting heavy sports apparatus. Please indicate below if you have any current or past conditions which might keep you from safely performing the physical requirements of the position(s) 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 or the safety of ATA students, clients, guests, coworkers or others.

WORK EXPERIENCE

**PREVIOUS EMPLOYMENT- PLEASE ACCOUNT FOR ALL YOUR TIME. BEGIN WITH MOST RECENT POSITION.
YOU MAY INCLUDE VOLUNTEER WORK, RELEVANT EXPERIENCE.**

EMPLOYMENT DATES (MO/YR)	NAME AND ADDRESS OF PREVIOUS EMPLOYER	EMPLOYMENT INFORMATION	WAGE/SALARY	YOUR DUTIES/ REASON FOR LEAVING
From:		Job Title:		
		Supervisors Name:		
To:		Phone Number:		
From:		Job Title:		
		Supervisors Name:		
To:		Phone Number:		
From:		Job Title:		
		Supervisors Name:		
To:		Phone Number:		
From:		Job Title:		
		Supervisors Name:		
To:		Phone Number:		
From:		Job Title:		
		Supervisors Name:		
To:		Phone Number:		
From:		Job Title:		
		Supervisors Name:		
To:		Phone Number:		

May the employers listed be contacted for references? Yes No
 If no, list those not to be contacted.

EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Completed	Graduated? (Check One)
High School	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
	City			
College	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
	City			
Other	Name			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA _____
	City			

SPECIAL SKILLS AND QUALIFICATIONS

Describe special skills and background that you would bring to the job at ATA.

Describe your experience teaching and working with children.

Have you ever been convicted under any criminal law; including any plea of "guilty", "no contest" or "deferred adjudication" (excluding minor traffic violations)?

Yes No

If yes, when, where, and what was the disposition _____

Do you have charges or prosecutions that are pending? Yes No

Have you ever been fired from a job, or asked to resign? Yes No If yes, please explain:

Do you have any relatives currently employed by this organization? Yes No

PLEASE READ THIS STATEMENT CAREFULLY

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

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.

I understand and agree that the Company will administer background checks on me and my initial and continued employment is conditional upon the results of these checks.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

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 DEFINITE 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.

I have read, understand and, by my signature, consent to these statements.

Signature _____ Date _____