



# BOZHI'S GYM NEST EMPLOYMENT APPLICATION

3720 Green Valley Road  
Huntington, WV 25701  
(304) 697-1789 [www.gymnestgymnastics.com](http://www.gymnestgymnastics.com)

Positions Applied For:	<input type="checkbox"/> Gymnastics Rec Coach	<input type="checkbox"/> Birthday Party Specialist
	<input type="checkbox"/> Cheerleading Coach	<input type="checkbox"/> Receptionist
Check All That Applied	<input type="checkbox"/> Preschool gymnastics coach	<input type="checkbox"/> Gymnastics Team Coach
	<input type="checkbox"/> Tumbling Coach	<input type="checkbox"/> Boys Team Coach
	<input type="checkbox"/> All Star Cheer coach	<input type="checkbox"/> Dance Instructor

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_

Available To Start Work \_\_\_\_\_ Number of Hours Desired \_\_\_\_\_

Hourly Rate Desired \_\_\_\_\_

Available to work:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

### Education & Training Experience

	Name of School	Course of Study	Years Completed	Diploma/Degree
High School				
College/Technical				
Graduate				
Other				
Highest Level of competition	Gymnastics	Cheerleading	Dance	

### Specialized Training and Certifications

Total Number of Years of Coaching Exp.	Responsibilities
<b>CERTIFICATIONS</b>	Types of Sports
Daycare Experience                      Years	CPR Expiration Date
Sports Experience                      Years	Gymnastics Safety Certification                      Exp. Date
First Aid Expiration Date	Other

**Coaching Experience:**

Preschool Gymnastics	Yes_____	No_____
Beginner Girls Gymnastics	Yes_____	No_____
Beginner Boys Gymnastics	Yes_____	No_____
Intermediate/Advanced Girls Gymnastics	Yes_____	No_____
Intermediate/Advanced Boys Gymnastics	Yes_____	No_____
Cheerleading (Stunts, Cheer, Dance)	Yes_____	No_____
Tumbling	Yes_____	No_____
Trampoline	Yes_____	No_____
Proficient in use of In-ground pits	Yes_____	No_____
Proficient in use of spotting belts	Yes_____	No_____

**Highest Skill You Can Teach & Spot:**

<u>Girls</u>	<u>Boys</u>
Vault _____	Pommel Horse _____
Uneven Bars _____	Parallel Bars _____
Beam _____	High Bar _____
Floor _____	Vault _____
Trampoline _____	Rings _____

**Employment Experience (Start With The Most Recent Employment)**

Dates \_\_\_\_\_ Employer \_\_\_\_\_  
Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Dates \_\_\_\_\_ Employer \_\_\_\_\_  
Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Dates \_\_\_\_\_ Employer \_\_\_\_\_  
Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Dates \_\_\_\_\_ Employer \_\_\_\_\_  
Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Contact # \_\_\_\_\_

**Professional References:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

**Additional Information**

Please list additional activities, certifications, awards, experience or any other information which you believe would be helpful in the review of your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact #s \_\_\_\_\_  
How Acquainted \_\_\_\_\_  
Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact #s \_\_\_\_\_  
How Acquainted \_\_\_\_\_  
Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact #s \_\_\_\_\_  
How Acquainted \_\_\_\_\_  
Number of Years Acquainted \_\_\_\_\_

**Special Questionnaire:**

Do you have any Physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

Do you have a car for transportation? Yes \_\_\_\_\_ No \_\_\_\_\_  
Foreign languages you can speak \_\_\_\_\_

In case of an emergency contact:  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Contact #s \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Contact #s \_\_\_\_\_

I certify the facts contained in the application are true and complete to the best of my knowledge and I understand, if employed, falsified statements on this application are grounds for dismissal. I authorize investigation of all statements contained herein and references listed above.

I authorize the investigation of any 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 organization 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 also agree and encourage a complete background check on myself if Bozhi's Gym Nest deems it necessary. This investigation may include investigation of my current and former employers and educational institutions.

I release, hold harmless and agree not to sue or file any claim of any kind against my current or former employer or educational institution, any officer or employee or either that in good faith furnishes written or oral references requested by Bozhi's Gym Nest, to complete the background investigation.

If hired, I also agree to a drug screening at the discretion of Bozhi's Gym Nest. I also acknowledge there may be random drug screening tests during my employment at Bozhi's Gym Nest. I hereby consent to a pre and post-employment drug screen as a condition of employment, if required.

I do hereby authorize and release Bozhi's Gym Nest in the collection of the above information.

I understand that this application, verbal statements by Management, or subsequent employment does not create an expressed or implied contract of 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

ATTACH A COPY OF YOUR DRIVERS LICENSE OR PASSPORT AND A PHOTO OF YOURSELF  
“YES” answers to the following four questions will not necessarily result in denial of employment. We will con-  
ceder all the circumstances, including the date and nature of events which have lead to the actions de-  
scribed below. Your written explanation will assist us in determining your eligibility and suitability for em-  
ployment. Attach additional information if necessary.

- Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment). You must answer YES even if the matter was later dismissed, deferred vacated or expunged. If you answer “YES” you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case (s).

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation \_\_\_\_\_  
\_\_\_\_\_

- Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer YES even if the matter was later resolved with any form of settlement of service agreement, regardless of it’s terms. If you answer “YES” you must provide the date of termination of employment, the name, address and telephone number of the employer (s) and a statement of the alleged reasons for termination.

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation \_\_\_\_\_  
\_\_\_\_\_

- Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or sus-  
pended, or have you in any way been sanctioned by, or is any charge or complaint now pending against  
you before any licensing, certification or other regulatory agency or body, public or private? If you answer  
“YES” you must provide the dates of the proceedings, name, address, and telephone number of the agency  
or body where proceedings took place, a statement of the accusations against you and the final disposition.

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation \_\_\_\_\_  
\_\_\_\_\_

- Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any  
licensing certification or other regulatory body (teacher certification or otherwise) or by current or any pre-  
vious employer? If you answer “YES” you must provide the name, address and telephone number of the  
employer or licensing body and a statement of the accusations against you.

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date