

APPLICATION FOR EMPLOYMENT  
**DIAMOND GYMNASTICS & DANCE ACADEMY**

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ ALT PHONE# \_\_\_\_\_

SS# \_\_\_\_\_ Are you a U.S. Citizen or alien authorized to work in the U.S.? yes no

**EMPLOYMENT DESIRED**

POSITION(S) \_\_\_\_\_ START DATE \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

STATUS DESIRED: FULL-TIME PART-TIME DAYTIME EVENINGS WEEKENDS

SPECIFY DAYS & HOURS FOR PART-TIME \_\_\_\_\_

ARE YOU WILL TO SIGN A NON-COMPETE CONTRACT? YES NO

<b>EDUCATION</b>	<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>DATE GRADUATED</b>	<b>DEGREE</b>
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COLLEGE  
\_\_\_\_\_

TRADE/BUSINESS SCHOOL  
\_\_\_\_\_

HIGH SCHOOL  
\_\_\_\_\_

**FORMER EMPLOYERS** (List below last three employers, starting with last one first)

*Employer#1*  
START/END DATE                      NAME OF EMPLOYER                      ADDRESS OF EMPLOYER                      PHONE#  
\_\_\_\_\_

POSITION	SUPERVISOR SALARY	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER
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\_\_\_\_\_

*Employer#2*

START/ENDDATE                      NAME OF EMPLOYER                      ADDRESS OF EMPLOYER                      PHONE#

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POSITION      SUPERVISOR SALARY      REASON FOR LEAVING                      MAY WE CONTACT EMPLOYER

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*Employer#3*

START/ENDDATE                      NAME OF EMPLOYER                      ADDRESS OF EMPLOYER                      PHONE#

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POSITION      SUPERVISOR SALARY      REASON FOR LEAVING                      MAY WE CONTACT EMPLOYER

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**REFERENCES:** Name three persons not related to you, whom you have known at least one year.

	NAME	PHONE NUMBER	AFFILIATION	PHONE #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**IN CASE OF  
EMERGENCY NOTIFY** \_\_\_\_\_

NAME                      ADDRESS                      PH#                      ALT#

I verify that the facts stated in this application are true and accurate to the best of my knowledge. I understand that, if employed, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give Diamond Gymnastics & Dance Academy any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to Diamond Gymnastics & Dance Academy. I understand and agree that, if employed, my employment is for no guaranteed period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_