## **NORTH COMPUS**

10702 Browne Street Omaha, NE 68134

**PERSONAL INFORMATION** 



## **SOUTH COMPUS**

Date \_\_\_\_\_

1217-19 North Monroe Papillion, NE 68046

402-339-2924 / 402-339-4009 www. omahagymnastics.com omahagymnastics@gmail.com kidsgymswim@gmail.com

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_\_ Social Security # \_\_\_\_\_

Omaha Gymnastics Academy (OGA) AND KIDS body shop (KBS) DO NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, SEX, INCLUDING PREGNANCY, NATIONAL ORIGIN, MARITIAL STATUS, DISABILITY, RELIGION, AGE, FAMILIAL STATUS, OR ANCESTRY.

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(Hom	ne) ()		E-Mail	(DI	.11. \	
<u>IRED</u>				(Please print	clearly)	
	Wage Desired			Date you can start		
Name & Locatio	on of School	No. of Years Attended			Subjects Studied	
 )						
No						
Name		Addres	S	Telephone		
Relationship _						
<u>IRS</u> List below y	your last three	employers, s	tarting with late	st employer:		
	Name, Address & Phone No.		Salary	Position	Reason for leaving	
			-			
Phone #						
Phone #						
I				i	1	
2	Name & Location  No  Ysical limitations that property No  Y Notify Relationship Relationship RS List below y  Phone #	Name & Location of School    Visical limitations that preclude you for No	(Home) ()  Wage Desired  Wage Desired  No. of Years Attended  Attended  Visical limitations that preclude you from performi No  No  No  No  No  Ye Notify  Relationship  Relationship  Relationship  Residence Address & Phone No. Of Previous Employers  Phone #	City   City   E-Mail	City State  (Home) () E-Mail	

Have you ever been convicted	for any crime, including sex-re	elated or child-a	buse related off	enses?		
Yes/No If yes, please explain	:					
Have you been denied membe	rship in any gymnastics or spo	orts related organ	nization (i.e., US	SAG/XCEL, AAL	J, AmeriKiDS)?	
Yes/No If yes, please explai	n:					
List at least two character reference	es:					
<u>Name</u>		<u>Telephone</u>				
HOBBIES						
Who referred you to KiDS/OG/	۹?	Wo	ork Preference (	circle): KiDS? C	GA? Both?	
Reasons or goals for wanting t	o work for KiDS/OGA?					
Have you had previous experie	ence with gymnastics? Yes/N	lo If yes, plea	se describe			
Do you have current certification	on in First Aid? Y/N CPI	R?Y/N AFI	02 Y / N Cor	ncussion? Y/I	N	
Do you have current certification	on in First Aid? Y/N CPI	R?Y/N AEI	D? Y / N Cor	ncussion? Y/I	N	
Days and Hours Available:						
Days and Hours Available:  DAY SUN	on in First Aid? Y/N CPI	R?Y/N AEI	D? Y / N Cor	rcussion? Y/I	SAT	
Days and Hours Available:						
Days and Hours Available:  DAY  FROM		WED	THUR	FRI		
Days and Hours Available:  DAY  FROM  TO	MON TUES	WED	THUR	FRI ar Optional)		
Days and Hours Available:  DAY  FROM  TO	MON TUES  Yes Birth Date No If not, please given	WED	THUR	FRI ar Optional)		
Days and Hours Available:  DAY SUN FROM TO  Are you 18 years or older:	MON TUES  Yes Birth Date No If not, please given to	WED  ve date of birth:	THUR  (Yea	FRI ar Optional)		
Days and Hours Available:  DAY SUN FROM TO  Are you 18 years or older:  Are you a U.S. citizen? Yes	MON TUES  Yes Birth Date No If not, please give No No and necessary papers to work	WED  /e date of birth:	THUR  (Yea	FRI  ar Optional)  No	SAT	
Days and Hours Available:  DAY SUN FROM TO  Are you 18 years or older:  Are you a U.S. citizen? Yes If No, do you have a legal right	MON TUES  Yes Birth Date No If not, please give No and necessary papers to work the din this application are true are true and the same to you. If the same to you. If the same to you.	wed  we date of birth:  k in the United S  nd complete to the complete to disministration of the complete to the complete to disministration of the complete to display the co	THUR  (Yea  States? Yes _  the best of my king issal. I authorize the part all inform wise, and release	FRI  ar Optional)  No  nowledge and uper investigation of the nation concerning all parties from the parties from the nation concerning all parties all parties from the nation concerning all parties all parti	nderstand that, fall statements my previous m all liability for	