



Omaha Gymnastics Academy
 Kinetic Improvement and Development Services, Inc.
 1217-19 N. Monroe
 Papillion, NE 68046
 402.339.2924/402-339-4009
 omahagymnastics@gmail.com
 kidsgymswim@gmail.com



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, MARITAL STATUS, DISABILITY, RELIGION, AGE, FAMILIAL STATUS, OR ANCESTRY.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date _____

Name _____ Social Security # _____
Last First Middle Date of Birth

Present Address _____
City State Zip

(Cell) (____) _____ (Home) (____) _____ E-Mail _____
 (Please print clearly)

EMPLOYMENT DESIRED

Position _____ Wage Desired _____ Date you can start _____

EDUCATION

	Name & Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
High School				
College and/or Vo-Tech				

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered?
 Yes _____ No _____

Please Describe _____

In Case of Emergency Notify _____
Name Address Telephone
 Relationship _____

FORMER EMPLOYERS

List below your last three employers, starting with latest employer:

Date Month and Year	Name, Address & Phone No. of Previous Employers	Salary	Position	Reason for leaving
From				
To				
From	Phone #			
To				
From	Phone #			
To				

Have you ever been convicted for any crime, including sex-related or child-abuse related offenses?

Yes/No If yes, please explain: _____

Have you been denied membership in any gymnastics or sports related organization (i.e., USAG/XCEL, AAU, AmeriKIDS)?

Yes/No If yes, please explain: _____

List at least two character references:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>

HOBBIES _____

Who referred you to KiDS/OGA? _____ Work Preference (circle): KiDS? OGA? Both?

Reasons or goals for wanting to work for KiDS/OGA? _____

Have you had previous experience with gymnastics? Yes/No If yes, please describe. _____

Do you have current certification in First Aid? Y / N CPR? Y / N AED? Y / N Concussion? Y / N

Days and Hours Available:

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT
FROM							
TO							

Are you 18 years or older: Yes _____ Birth Date _____ (Year Optional)

No _____ If not, please give date of birth: _____

Are you a U.S. citizen? Yes _____ No _____

If No, do you have a legal right and necessary papers to work in the United States? Yes _____ No _____

If yes, please explain. _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein. I also authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period and may be terminated at any time, with or without cause."

Signature _____

Date _____