

BOUNCE ACADEMY EMPLOYMENT APPLICATION



Date: _____

Directions: Type or print in blue or black ink. Answer all questions which are applicable. Please do not state "See Resume".

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY	STATE
CELL PHONE	HOME PHONE	WORK PHONE
FAX NUMBER	EMAIL ADDRESS	SOCIAL SECURITY NUMBER

EMPLOYMENT INFORMATION

- Position for which you are applying _____
- Are you employed at the present time? Yes / No If yes, Please complete the information below
- Employer's Name: _____
- Employer's Address: _____
- Employer's Work Number: _____
- How long have you been with this employer? _____ Present Salary: _____
- If offered a position, when can you report for work? _____
- If hired can you show proof of your legal right to work in the U.S.? Yes / No
- Have you ever been dismissed, or asked to resign from any position? Yes / No
- Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? A yes answer to the above question does not necessarily disqualify an applicant from employment. Yes / No

If yes to number 9 (and/or) 10, please explain:

EDUCATION

Please list on the following lines all schools attended and any other pertinent information about your education.

School(s)	Subjects studied (if applicable)
<i>High School(s)</i>	
1	
2	
<i>College(s) (Include dates attended)</i>	
1	
2	

EMPLOYMENT EXPERIENCE (List most recent experience first)

	Name & Address	Position(s) Held	Dates (Start - End)
1			
2			
3			
4			
5			

REFERENCES

	Name & Address (Include City, State, and Zip code)	Phone#	Relationship
1			
2			
3			
4			
5			

COACHING POSITION

Have you ever done Gymnastics, Powertumbling, Cheerleading, or Martial Art Yes / No

If yes, please circle below the sport(s) you trained in, list the club(s) you trained at, list the amount of years you trained, and list the highest level achieved if any at each discipline.

Type of Discipline	Club(s)	Years of training	Level Achieved
Gymnastics	1		
	2		
	3		
Powertumbling	1		
	2		
	3		
Cheerleading	1		
	2		
	3		
Martial Arts	1		
	2		
	3		

Below are all the gymnastics programs offered at Bounce Academy. Next to each Class, please circle the comfort level which best applies to you. 1 being a weak comfort level and 10 being the strongest comfort level.

Bounce Academy Classes	Age Divisions	Comfort Level
Baby Bouncer	Age 18 months - 3 yrs.	1 2 3 4 5 6 7 8 9 10
Big Bouncers	3 yrs. - 5 yrs.	1 2 3 4 5 6 7 8 9 10
Bouncin' Girls	6 yrs. - 14 yrs.	1 2 3 4 5 6 7 8 9 10
Bouncin' Boys	6 yrs. - 14 yrs.	1 2 3 4 5 6 7 8 9 10
Powertumbling	6 yrs. - 18 yrs.	1 2 3 4 5 6 7 8 9 10
Competitive Girls	5 yrs. - 18 yrs.	1 2 3 4 5 6 7 8 9 10
Competitive Boys	5 yrs. - 18 yrs.	1 2 3 4 5 6 7 8 9 10



Please circle the number below, that most accurately shows your ability to demonstrate a **BASIC** gymnastics skill. 1 being a weak demonstration ability and 10 being the strongest demonstration ability. Example: cartwheel, kick handstand, seat drop, forward roll, etc.

Demonstration Ability	Demonstration Ability
Demonstration Ability	1 2 3 4 5 6 7 8 9 10

WORK AVAILABILITY

Please circle the days of the week you can be available to work. Under the day, please list the time frames available.

Days of the Week	Available working hours	Available working hours	Available working hours
example:	9am - 12pm	4pm -8pm	
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

OFFICE POSITION

The Following Section is to be completed by applicant for an OFFICE POSITION:

Please list two of your strengths and two of your weaknesses in an office setting.

Are you computer proficient? Yes / No

Please circle the computers you are able to operate effectively?

Macintosh

PC

Please circle the programs in which you have an (intermediate - expert) knowledge.

Programs	Programs	List any other programs of relevance:	
Microsoft Windows	Adobe Reader	1	8
Microsoft Word	iTunes	2	9
Microsoft Excel	Computer Printer Setup	3	10
Microsoft Powerpoint	Jackrabbit Class Software	4	11
Wordpress	Mac Snow Leopard	5	12
Mozilla Firefox	Facebook	6	13
Safari	Twitter	7	14

Are you willing to perform cleaning duties?

Yes / No

Vaccuming	Bathrooms	Maintain a clean and	Windows
Mop the viewing area	Water Fountain	organized work space	

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature

Date



BACKGROUND INVESTIGATION WAIVER

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Bounce Academy Gymnastics (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date



PERSONAL DATA

Last Name	First Name	Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates Residence:
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Drivers License #	State
Email Address (may be used for official correspondence)		

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Application Signature

Date

You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

