

# eNeRGy Kidz & North Raleigh Gymnastics

5400 Atlantic Springs Road, Raleigh, NC 27616 (919) 790-9400

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Application for Employment  
(Please Print)

Position(s) Applied For: \_\_\_\_\_

Date of Application \_\_\_\_\_

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

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

Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

Apt. Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

H ( ) \_\_\_\_\_

W ( ) \_\_\_\_\_

C ( ) \_\_\_\_\_

Telephone Number( s) \_\_\_\_\_

How Did You Hear About Us? (If advertisement, please specify.) \_\_\_\_\_

eNeRGy Kidz & North Raleigh Gymnastics is a Drug Free Environment.

Do you agree to have a Preplacement Drug Screening?

Yes

No

Best time to contact you at home is between the hours of: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with us before?

Yes

No

If Yes, give approximate date \_\_\_\_\_

Are you currently employed?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes

No

*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Please note below with yes or no if you can work these shifts for each day listed.

	Monday	Tuesday	Wednesday	Thursday	Friday	10:00 – 4:00	Saturday
8:30 – 2:30							
3:30 – 7:30							

Education:

Number of  
Years Completed

Did you  
Graduate?

Course Study,  
Major or degree

Name and Location of High School

1 2 3 4

Yes  No

Name and Location of College

1 2 3 4

Yes  No

Describe any apprenticeships or other specialized training:

Describe any honors you have received:

Sports Experience:

Give a brief description of your sports experience and background. (i.e., high school, private clubs, highest level, years in the sport, etc.)

Please list as indicated below any certifications you have received:

CPR / First Aid Certified: Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_

USAG Professional (Gymnastics): #: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Dance Teachers of America Certification Level: \_\_\_\_\_

Additional Certifications or Clinics Attended in the Last Two Years:

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Previous Work Experiences:

1) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Wage \_\_\_\_\_  
Employer

\_\_\_\_\_ Ages Taught \_\_\_\_\_ Final Wage \_\_\_\_\_  
Address

\_\_\_\_\_ Levels Taught \_\_\_\_\_ Reason for Leaving  
City, State

\_\_\_\_\_ Phone \_\_\_\_\_  
Contact Person

2) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Wage \_\_\_\_\_  
Employer

\_\_\_\_\_ Ages Taught \_\_\_\_\_ Final Wage \_\_\_\_\_  
Address

\_\_\_\_\_ Levels Taught \_\_\_\_\_ Reason for Leaving  
City, State

\_\_\_\_\_ Phone \_\_\_\_\_  
Contact Person

3) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Wage \_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State  
\_\_\_\_\_  
Contact Person

Ages Taught \_\_\_\_\_ Final Wage \_\_\_\_\_  
Levels Taught \_\_\_\_\_ Reason for Leaving  
Phone \_\_\_\_\_

4) \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Starting Wage \_\_\_\_\_  
Employer  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State  
\_\_\_\_\_  
Contact Person

Ages Taught \_\_\_\_\_ Final Wage \_\_\_\_\_  
Levels Taught \_\_\_\_\_ Reason for Leaving  
Phone \_\_\_\_\_

If contact person is unreachable, may we speak to any management person that would have knowledge of your position?

Is there any additional information that you feel is important to include on this application?

Do you give us permission to run a criminal background check prior to your employment?

Yes  No

I verify that all information given on this application is true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date