



17 Mineakoning Road  
Flemington, NJ 08822  
908-782-1777

[www.shieldsgymnastics.net](http://www.shieldsgymnastics.net)

APPLICATION FOR EMPLOYEMENT

DATE: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Please complete all necessary information below. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. You must present your social security card and another form of identification.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position Applied for: \_\_\_\_\_

Days/Times available: \_\_\_\_\_

Have you previously been employed by Shields Gymnastics? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give approximate dates of prior employment: \_\_\_\_\_

**EDUCATIONAL BACKGROUND** (circle highest grade completed)

Grammar School	5	6	7	8
High School	9	10	11	12
College	1	2	3	4

Name of last school attended: \_\_\_\_\_

Vocational Training: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_

Training in what field: \_\_\_\_\_

**RELATED EXPERIENCE IN GYMNASTICS AND/OR WORKING WITH CHILDREN**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK REFERENCES**

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

**PERSONAL REFERENCES**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I HEREBY GIVE SHIELDS GYMNASTICS PERMISSION TO CONDUCT A CRIMINAL  
BACKGROUND CHECK.

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

**PRINT NAME** \_\_\_\_\_