

Application For Employment

First in Flight Gymnastics

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www.firstinflightgym.com



Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name		Social Security Number		Date of Birth	
Address		City	State		Zip
Phone Number	Mobile Number	Email Address			
Are you a U.S. citizen?		Have you ever been convicted of a felony or a misdemeanor carrying a jail sentence?			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>			
If selected for employment are you willing to submit to a pre-employment drug screening test and random drug screenings?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		
List any degrees, certifications, schooling or training you have received which may be beneficial to this organization:		

Education

School Name	Location	Years Attended	Degree Received	Major

References

Name	Title	Company	Phone

Employment History

Please begin with most recent employer.

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (5)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I further authorize the employer to make such investigations and inquiries of my employment, police record, to include driving offenses and any other related matters as may be necessary.

Name (Please Print)	Signature
Date	

