

**EMPLOYMENT APPLICATION**

**1. Employer Information**

The Company: GymCats Gymnastics  
Address: One Odell Plaza, #190  
City/State/ZIP: Yonkers, New York 10701  
Telephone: (914) 751 6655

**INSTRUCTIONS:**

*Please complete #2 to #16.*

*Sign on the bottom of page 7.*

**It is the policy of GymCats to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.**

**2. Applicant Information**

Applicant Full Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_

**3. Emergency Contact**

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_



## EMPLOYMENT APPLICATION

4. Job Position Applied For: \_\_\_\_\_  
\_\_\_\_\_
5. Full or Part Time?: \_\_\_\_\_
6. Who referred you to our company? \_\_\_\_\_  
Do you have any friends or relatives who work here? If yes, please list here:  
\_\_\_\_\_
7. Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_
8. Are you over 16? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you over 18? \_\_\_\_\_ Yes \_\_\_\_\_ No (If under 18, you may need a work permit.)
9. How will you get to work? \_\_\_\_\_
10. Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please state any limitations:  
\_\_\_\_\_
11. If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_
12. If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No
13. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you request?  
\_\_\_\_\_



## EMPLOYMENT APPLICATION

GC Notes

### 14. Applicant's Education and Training

College/University Name and Address

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Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address

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Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (coaching, teaching, technical, vocational) :

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Please indicate any current professional licenses or certifications that you hold:

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**Awards, Honors, Special Achievements:**

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## EMPLOYMENT APPLICATION

### 15. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

**Employer Name:**

Supervisor Name:

Address:

City/State/ZIP:

Job Duties:

Reason for Leaving:

Dates of Employment (Month/Year):

**Employer Name:**

Supervisor Name:

Address:

City/State/ZIP:

Job Duties:

Reason for Leaving:

Dates of Employment (Month/Year):

**Employer Name:**

Supervisor Name:

Address:

City/State/ZIP:

Job Duties:

Reason for Leaving:

Dates of Employment (Month/Year):



## EMPLOYMENT APPLICATION

### 16. References

List any three non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## **EMPLOYMENT APPLICATION**

### **CERTIFICATION**

Please read the following statement carefully before signing this application. Only applications that are signed and dated are considered valid. If you have any questions regarding these statements, please ask about them before you sign.

I understand that federal law prohibits the employment of unauthorized aliens and that all persons hired must submit proof of employment authorization and identity which conforms to the federal requirements details on the I9 form.

I authorize investigation of all statements contained in this application and any attachment provided by me. All of the information I have supplied in this application is a true and complete statement of the facts, and if employed, any omissions or false or misleading statements, on this application or during the interview process could result in immediate dismissal regardless of when such information is discovered. I further authorize all courts, probation departments, prosecutor's offices, boards, employers, educational and credit companies, other institutions and agencies, without exception, to furnish the Two Jacks, Inc. GymCats Gymnastics (The Company) or its representatives any information any of them have concerning me.

This waiver does not permit the release or use of disability related or medical information in any manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and New York state laws. I further authorize a check by any consumer agency of my employment history as well as incidents of employment dishonest or criminal activity. I understand that my employment and /or retention may be affected in whole or in part from a report received from this agency. I hereby discharge and exonerate The Company, its agents and representatives, or any person so furnishing information from any liability and all liability or every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation make by The Company. A photostatic copy of this authorization will be considered as effective and valid as the original (wherever legally required, a copy of any credit report and other information will be available upon written request.) If employed by The Company, I will abide by The Company's policies and rules and standards of conduct. The Company retains sole discretion regarding the following types and terms and conditions of employment - promotion, demotion, transfers, work assignments, job duties/responsibilities, wage rates



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and benefits or any other terms and conditions that The Company may determine to be necessary for the operations of its business. I understand and accept these conditions of my employment.

I agree to protect The Company's confidential information in all forms including digital, customer lists and other proprietary information and will not reveal such information to anyone at any time during or after cessation of my employment. I further understand that The Company will not employ persons who use illegal drugs or engage in substance abuse, and that The Company retains the right to screen from employment such individuals. I understand The Company may require random drug screening tests as a condition of employment. The signing of this form is my permission for The Company's agent to take samples of my urine and perform a drug screening test on such samples. Further, I give my consent for the release of the test results to authorized company management for appropriate review.

If hired, I agree to abide by the Rules and Regulations of The Company. I agree to complete The Company's Sexual Harassment Workshop and will acknowledge in writing my understanding and strict adherence of all policies.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Executive Director and Owner, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of The Company, except in a specific written contract of employment signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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APPLICANT SIGNATURE

DATE

[email to: info@gymcats.net](mailto:info@gymcats.net)