



IMPACT CHEER & TUMBLE Employment Application

1. Employer Information

Employer: Impact Athletic Training Center

Address: 100 Nu Energy Way

City/State/Zip: Aledo, TX 76008

Telephone: 817-899-6681

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

2. Applicant Name: _____

Address: _____

City/State/Zip: _____

Number of years at this address: _____

Daytime Phone: _____ Evening Phone: _____

Social Security Number: _____

Driver's License (State/Number): _____

Birthdate: _____

3. Emergency Contact:

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

Contact Name: _____

Relationship to You: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

4. Job Position Applied For: _____

Desired Salary: \$ _____ per _____

Who referred to you to our Company? _____



Are you at least 15 years of age? Yes, _____ No _____

5. Do you have reliable transportation to get to/from work? _____

6. Are you willing to work any shift including nights and weekends? Yes, ____ No _____

If not, please state any limitations: _____

If you are offered employment, when are you available to work? _____

7. Are you legally eligible to work in the United States? _____

8. Applicant Employment History: _____

List your current or most recent employment first:

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Date of Employment (Month/Year): _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Date of Employment (Month/Year): _____

9. Have you ever been convicted of a felony? _____

If so, describe.

10. Have you ever been convicted for any crime including sex related or child abuse related offenses?

11. Are you willing to do a background check? _____



Signature: _____

Applicant Education and Training:

Experience in coaching gymnastics or cheerleading:

Level of Skills Taught:

Experience in Gymnastics:

Experience as an Athlete Yourself:

Are you currently enrolled in High School? If yes, list your schedule, and any extracurricular activities you are involved in.

List any two people who would be willing to provide a reference for you.

Name: _____

Relationship: _____

Telephone: _____

Name: _____

Relationship: _____

Telephone: _____



I certify that the information provided in this application is truthful and accurate. I understand that providing false information or misleading information will be the basis for the rejection of my application, or if hired, my termination.

I authorize Impact Athletic Training Center to contact my previous employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate freely regarding my previous employment, grades, and attendance. I authorize those listed as references to communicate freely regarding my previous employment and education.

If I enter an employment relationship, I acknowledge that my employment will be "at will" unless I receive a signed written contract from the organization's staff manager stating otherwise. In other words, the relationship will be voluntary in nature, and I or the employer will be able to terminate the employee relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to terminate my employment relationship at any time. Similarly, my employer will have this right as well.

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

X _____

Applicant Signature