



EMPLOYMENT APPLICATION

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security #		Desired Salary	
Position Applied for		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Available Hours	
Are you employed now?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, may we contact your employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for ACE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when/what capacity?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES - Please List Three Professional References:	
Full Name	Phone ()
Address	
Full Name	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMERGENCY CONTACT

Full Name	Relationship
Address	Phone ()

ALL ACE EMPLOYEES - Please answer the following questions, DCF Licensing Regulation:

1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home? YES NO
 2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action? YES NO
- If yes, please explain:

DISCLAIMER AND SIGNATURE/AGREEMENT

By my signature below, I certify that my answers are true and complete to the best of my knowledge and that I have not withheld any information requested. If this application leads to employment, I understand that false information, omission or misrepresentation of fact in this application or interview may result in my release.

I hereby authorize the Company (ACE Gymnastics) to verify and investigate all statements I have made on this application including my employment history, unless I have indicated otherwise.

I understand and agree that the Company (ACE Gymnastics) may administer Background Checks and order Drug Screenings.

Furthermore, if I am accepted for employment, I understand and agree that such employment will be AT WILL and may be terminated by either party at any time with reason or no reason and with or without prior notice. I further understand and agree that this AT WILL employment constitutes the entire understanding between me and the Company regarding the right and ability of either party to terminate employment and that this AT WILL agreement cannot be changed except through a written understanding signed by the Company owners.

Signature	Date
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