



3213 Louis Avenue, Suite I
Eau Claire, WI 54703
715-832-3138

EMPLOYMENT APPLICATION

Date of Application

| | | |
|------------------------|--------|-----------------------------|
| Name | Last | First |
| Local Address | Street | |
| | City | State Zip Code |
| Phone | Home | Cell |
| Email | | |
| Position Sought | | Available Start Date |
| Desired Pay | | Current Employment |

| Education | Name & Location | Graduate? Degree? Year? | Major/Subjects of Study |
|----------------------|-----------------|-------------------------|-------------------------|
| High School | | | |
| College | | | |
| Specialized Training | | | |
| Other Education | | | |

Awards, Honors or Special Achievements

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Previous Employment-Experience

| Company | Dates of Employment | Job Description-Duties | Supervisor |
|----------|---------------------|------------------------|------------|
| Position | Reason for leaving | Pay Rate | Phone |
| Company | Dates of Employment | Job Description-Duties | Supervisor |
| Position | Reason for leaving | Pay Rate | Phone |
| Company | Dates of Employment | Job Description-Duties | Supervisor |
| Position | Reason for leaving | Pay Rate | Phone |

Please complete the back of this application.

References - Please supply at least 3 references other than relatives

| | | |
|---------|--------------|----------|
| Name | Relationship | |
| Address | | |
| City | State | Zip Code |
| Phone | Email | |

| | | |
|---------|--------------|----------|
| Name | Relationship | |
| Address | | |
| City | State | Zip Code |
| Phone | Email | |

| | | |
|---------|--------------|----------|
| Name | Relationship | |
| Address | | |
| City | State | Zip Code |
| Phone | Email | |

Days & Hours Available Please list all hours available.

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

Please provide any other pertinent information that should be considered; e.g. certifications, CPR, First Aid etc.

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Certification

I certify that the information provided on this application is truthful and accurate. I understand that by providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize Ultimate Performance Gymnastics LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment and education. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. I authorize Ultimate Performance Gymnastics & Cheer LLC to conduct any background checks as needed.

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 Director, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative or employee of Ultimate Performance Gymnastics & Cheer LLC, except in a specific written contract of employment signed on behalf of the organization and its Director, 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.

Applicant Signature

Date

Office Use