

**Oregon Gymnastics Academy**  
 16305 NW Bethany Court Suite 109 Beaverton, OR 97006  
 ph. 503.531.3409 fax. 503.531.9248

**Application for Employment**  
 (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

**-Personal Information**

Name \_\_\_\_\_ Soc. Security # \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
 street city state zip

Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Age 18 or older?  yes  no

**Employment Desired**

Position applying for \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we inquire of your current employer? \_\_\_\_\_

**Gymnastics/Cheer/Teaching Certifications**

Are you now or have you ever been:

CPR Certified \_\_\_ Safety Certified \_\_\_ KAT Certified \_\_\_ First Aid Certified \_\_\_ Other \_\_\_\_\_

(please circle those certificates that are still current)

**Gymnastics/Cheer/Teaching Employment/Experience** (list below last three employer's, starting with most recent)

Date (mo/yr)	Name & Address of employer	Supervisor	Position	Reason for leaving
From				
To		Phone #		
Date (mo/yr)	Name & Address of employer	Supervisor	Position	Reason for leaving
From				
To		Phone #		
Date (mo/yr)	Name & Address of employer	Supervisor	Position	Reason for leaving
From				
To		Phone #		

Which of these positions did you like best?

Why?

Please detail your experience as a participating gymnast/cheerleader. Indicate where you did your training, for how long, how far you progressed, and awards/recognition you received. Please start with your most recent experience/training.

1

2

3

Please detail your experience as a teacher or coach. Provide details concerning the employment experience you listed in the first page of this application. What groups or levels did you work with, what were your duties, how far did you progress, and what did you accomplish?

1

2

3

Describe in detail how you would handle a disgruntled parent of an 8 year old.

What about a group of 4 year olds not paying attention. What do you do?

Describe your greatest strength and weakness as a teacher/coach.

Please describe in detail any non gymnastics experience you have had in the area of teaching children.

1

2

3

Please describe in detail any:

Special Skills

Interests, activities, honors

**Other Employment** (list below last two employer's, starting with most recent)

Date (mo/yr)	Name & Address of employer	Supervisor	Position	Reason for leaving
From				
To				
Date (mo/yr)	Name & Address of employer	Supervisor	Position	Reason for leaving
From				
To				

**References** (please provide the names of two persons not related to you, whom you have known for at least 1 year.)

Name	Address	Phone	Relationship

Education	Name and location of school	# of Yrs	Did you graduate?
High School			
College			
Graduate School			
Trade/Business School			

**Background Information**

Have you ever been convicted of a  
Felony? YES NO

If yes; please explain in detail:

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I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated. I agree that all references and former employers may be contacted for a job reference. I also agree that any individual who has knowledge concerning my character or past job performance may be contacted for an employment reference even if I have not supplied their name on this application.

I give my permission for Oregon Gymnastics Academy, or those acting as agents of Oregon Gymnastics Academy to conduct back ground checks prior to or during my course of employment. This includes criminal and police back ground checks in all states which I have either resided or worked. I understand and agree that all employees of Oregon Gymnastics Academy are at-will employees. This means that employees can be dismissed at any time for any reason or no reason. No one at Oregon Gymnastics Academy has the authority to promise any employee that he or she will be employed for any particular or indefinite period. I also agree that during the first 90 days of employment all employees will considered to be "in training", as OGA continues to check references and the information supplied by me during my application and interviewing. In addition, the 90 day training period will allow OGA to make sure that I have been placed correctly and give me an opportunity to learn about the programs and receive additional training if needed.

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Signature of Applicant

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Date

# For Office Use Only

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

On time for interview \_\_\_\_\_ Neatness \_\_\_\_\_ Communication Skill level \_\_\_\_\_

General remarks:

Availability: Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

Start Date \_\_\_\_\_

Scheduled for training: Y N

if no, why: \_\_\_\_\_

Training wage \$ \_\_\_\_\_

Starting Wage \$ \_\_\_\_\_

Director Approval \_\_\_\_\_

Date \_\_\_\_\_

## Reference Check

Date	Person contacted	Position	Comments/Issues
1			
2			
3			

## Background check

State	Date sent	Date returned	Comments	Ini.