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Employment Application

Endeavor Gymnastics provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please -

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position(s) in which you are interested.
- Type or print all requested information.
- If necessary, attach additional 8 ½ " x 11" sheets of paper to this application.

Position(s) Applying For:

Applicant Information

Name (Last)	Name (First)	Name (Middle)
Address (Street)	Social Security # -- --	Driver's License (State/No.)
Address (City, State, Zip Code)	Telephone Number () -	Alternate Telephone () -
Address (Apartment/Unit #)	Email Address	Date Available

General Information

Are you legally eligible for work in the U.S.? ☐ Yes ☐ No
(If yes, verification will be required)

Have you ever applied to or worked for Endeavor Gymnastics before? ☐ Yes ☐ No
If so, when?

Are any of your relatives currently working for Endeavor Gymnastics? ☐ Yes ☐ No
If so, please list name and department, if applicable.

Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes, please explain.

Employment Request											
Desired Salary: \$				If applicable, are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No							
What is the earliest date you can begin work?											
Availability (Days & Times)											
Mon		Tue		Wed		Thurs		Fri		Sat	
Employment History											
*Please begin with most recent employment											
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable											
Company						Phone					
Address						Supervisor					
Job Title				Responsibilities							
From (Month/Year)		To (Month/Year)									
May we contact your previous supervisor for a reference? Y / N											
Company						Phone					
Address						Supervisor					
Job Title				Responsibilities							
From (Month/Year)		To (Month/Year)									
May we contact your previous supervisor for a reference? Y / N											
Company						Phone					
Address						Supervisor					
Job Title				Responsibilities							
From (Month/Year)											
May we contact your previous supervisor for a reference? Y / N											
Education											
High School				Location (City, State)							
Years Attended		--		Graduated?		Y / N		Degree			
College				Location (City, State)							
Years Attended		--		Graduated?		Y / N		Degree			
Other				Location (City, State)							

Years Attended	--	Graduated?	Y / N	Degree	
Military					
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____ Rank at Discharge: _____ From _____ To _____ Specialized Training: _____					
References					
Name	Company		Relationship	Contact #	

Signature / Certification	
I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize Endeavor Gymnastics to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Endeavor Gymnastics by any of the schools, services, or employers listed on this application.	
Signature:	Date: