



# Premier Gymnastics Employment Application

1410 E. 11<sup>th</sup> St.  
Loveland, Co 80537  
970-663-3173  
premierym@msn.com

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Today's Date: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

USA Gymnastics Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Safety Certification: \_\_\_\_\_

CPR Certification: \_\_\_\_\_

First Aid Certification: \_\_\_\_\_

How many hours do you want to work: \_\_\_\_\_

**\*\*Put an "X" in the boxes below to indicate the times you are available to work.**

	Monday	Tuesday	Wed.	Thursday	Friday	Saturday	Sunday
Mornings (Between 8:30-12:00)							
Afternoons (Between 12:00-3:00)							
Evenings (3:00-9:00)							

What level of classes do you want to teach? \_\_\_\_\_

Will you be available for training? \_\_\_\_\_

Are you willing to do Birthday Parties on weekend? \_\_\_\_\_

Please list previous teaching experience with references: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_