



Dominique Moceanu Gymnastics Center

Gymnastics, Camps, Yoga & More

Gymnastics Instructor Application for Employment [Pre-Employment Questionnaire]

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

DMGC
734 N Progress Drive
Medina, Ohio 44256
216-970-1357

Today's Date _____

First Name _____ Last Name _____

Are you over 18? Yes _____ or No _____

Have you ever used another name? Yes _____ or No _____

If yes, please state the full name you've used: _____

Street Address _____

City _____ State _____

Zip Code _____

Home Phone _____

Mobile Phone _____

E-mail address (print) _____

Position desired _____

Name and address of parent or guardian if applicant is a minor:

Cell # _____

What prompted you to apply here? _____

Our electronic sign _____ Nothing (walk-in) _____

Facebook? _____

What is your desired rate of pay? _____

How many hours per week do you desire? _____

When can you start? _____

Have you ever been convicted of a crime that has not been expunged by the court, other than a minor traffic offense? Yes _____ OR No _____

Answering "Yes" does not constitute an automatic bar to employment. Such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

If yes, please provide details (dates and location for all convictions)

EDUCATION:

School Name _____

Location _____

Course of Study _____

No. of Years Completed _____

Did You Graduate? _____

#2 SCHOOL

School Name _____

Location _____

Course of Study _____

No. of Years Completed _____

Did You Graduate? _____

Hours available to work: (8:30am-3:00pm/3:00pm-9:00pm)

Mon. - _____

Tues. - _____

Wed. - _____

Thur. - _____

Fri. - _____

Sat. - _____

Sun. - _____

Why would these hours work for you? _____

The safety of our students is a top priority. Teaching physical skills to children requires quick movements and spotting and lifting heavy children, sometimes while in awkward positions. Also, a necessary part of the job includes moving and adjusting gymnastics apparatus such as heavy mats, beams, and bars that could weigh quite a bit. Can you perform the job duties of the position?

Have you ever been dismissed from employment or laid off? _____

Why? _____

Can you, after employment, submit verification of your right to work in the United States? _____

Check off areas you are currently certified in:

USAG Safety_____ First Aid Certified_____

CPR Certified_____ Any other certifications?_____

Please list any job-related organizations, professional clubs societies or associations to which you belong. You may omit any that indicate your race, religion, national origin, national origin, sex, age, ancestry, etc...

Our hours vary from week to week and occasionally you may be asked to stay late, leave early, or come in and sub on your day off. Do you foresee any problems with this?

Would you like to work in the office in the future?

FORMER EMPLOYERS

List last three employers, starting with the most recent one first. If you do not have former employees, please provide three professional and/or character references.

DATE MONTH/YEAR_____

FROM:_____ TO:_____

NAME_____

WORK_____

PHONE NUMBER_____

EMAIL_____

SALARY_____

POSITION_____

REASON FOR LEAVING_____

If currently employed, may we contact your current employer? Which of these jobs did you like best?

Why? _____

What did you like least? _____

#2 Employer

DATE MONTH/YEAR _____

FROM: _____ TO: _____

NAME _____

WORK _____

PHONE NUMBER _____

EMAIL _____

SALARY _____

POSITION _____

REASON FOR LEAVING _____

If currently employed, may we contact your current employer? Which of these jobs did you like best?

Why? _____

What did you like least? _____

#3 Employer

DATE MONTH/YEAR _____

FROM: _____ TO: _____

NAME _____

WORK _____

PHONE NUMBER _____

EMAIL _____

SALARY _____

POSITION _____

REASON FOR LEAVING _____

If currently employed, may we contact your current employer? Which of these jobs did you like best?

Why? _____

What did you like least? _____

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.”

REALIZING THIS IS A BUSINESS OF CHILDREN, I UNDERSTAND THAT BY SIGNING THIS I AM ALLOWING PATTI’S ALL-AMERICAN GYMNASTICS TO PERFORM VARIOUS BACKGROUND CHECKS.

Date: _____ Signature _____

Additional Information for Teachers

Please detail your experience as a gymnast or cheerleader. Please start with your most recent training.

Please detail your experience as a gymnast, cheerleader, teacher, or coach. Provide details concerning the employment experience you detailed on the second page of this application. What groups or levels did you work with and what were your duties?

1. _____

2. _____

Describe in detail three drills or approaches that you would use with a group of 8-year-olds who were having trouble mastering a cartwheel:

1. _____

2. _____

3. _____

You have a group of 4-year-olds that is not paying attention. What do you do?

Describe your greatest strength and weakness as a teacher:

Strength: _____

Weakness: _____

Where you trained?

For how long?

Dates of when you trained:

1. _____

2. _____

3. _____

List the hardest elements you can presently do on the following equipment:

Beam _____

Bars _____

Tumbling _____

Trampoline _____

Write lesson plans for a beginning gymnastic class for girls ages 3-5. Please be specific.

Beam _____

Bars

Tumbling

Trampoline

Tumbl Trak

Write lesson plans for a beginning gymnastic class for girls ages 6-12. Please be specific.

Beam

Bars

Tumbling

Trampoline

Tumbl Trak
