



# Employment Application

(Please attach resume if possible)

Mountain Gymnastics Academy (MGA) is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

Please fill out all of the sections below:

**Date of Application:** \_\_\_\_\_

**Applicant Information: (Please print legibly)**

Applicant Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number(s): (cell) \_\_\_\_\_ (home) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Employment Position:**

Position applying for: \_\_\_\_\_

How did hear about this position? \_\_\_\_\_

What days and hours are you available to work (be specific)? \_\_\_\_\_

How many hours per week do you want to work? \_\_\_\_\_

On what date can you start working? \_\_\_\_\_

Hourly wage desired: \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

**Personal Information (circle Yes or No)**

Are you 18 years of age or older? Yes No

Are you a citizen or approved to work in the United States? Yes No

Will you consent to a mandatory controlled substance test? Yes No

Have you ever been convicted of a crime? Yes No

If so, please state the nature of the crime and disposition of the case: \_\_\_\_\_

**Job Skill/Qualifications:**

Please list below the skills, qualifications and certifications you possess for the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education and Training:**

**High School**

Name	Location (city, state)	Year Graduated	Degree Earned

**College/University**

Name	Location (city, state)	Year Graduated	Degree Earned

**Vocational School/Specialized Training:**

Name	Location (city, state)	Year Graduated	Degree Earned

**Previous Employment:**

Company Name & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employment (Cont'd):**

Company Name & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employment:**

Company Name & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**References:**

Please provide 3 personal and professional references below:

Reference Name	Relationship	Contact Information

**At-Will Employment**

The relationship between you and MGA is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or MGA. No representative of MGA has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your “at will” employment status.

I certify that all the above information is true and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



Upon completion, email to:

[michaelhayes524@gmail.com](mailto:michaelhayes524@gmail.com)

Or you may drop it off or mail it to 136 Grant St, Elkins WV 26241