



Omaha Gymnastics Academy  
 Kinetic Improvement and Development Services, Inc.  
 1217-19 N. Monroe  
 Papillion, NE 68046  
 402.339.2924/402-339-4009  
 omahagymnastics@gmail.com  
 kidsgymswim@gmail.com



Omaha Gymnastics Academy (OGA) AND KIDS body shop (KBS) DO NOT DISCRIMINATE IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, SEX, INCLUDING PREGNANCY, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY, RELIGION, AGE, FAMILIAL STATUS, OR ANCESTRY.

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle Date of Birth

Present Address \_\_\_\_\_  
City State Zip

(Cell) (\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
 (Please print clearly)

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Wage Desired \_\_\_\_\_ Date you can start \_\_\_\_\_

### EDUCATION

	Name & Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
High School				
College and/or Vo-Tech				

### PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Please Describe \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_  
Name Address Telephone  
 Relationship \_\_\_\_\_

### FORMER EMPLOYERS

List below your last three employers, starting with latest employer:

Date Month and Year	Name, Address & Phone No. of Previous Employers	Salary	Position	Reason for leaving
From	Phone #			
To				
From	Phone #			
To				
From	Phone #			
To				

Have you ever been convicted for any crime, including sex-related or child-abuse related offenses?

Yes/No If yes, please explain: \_\_\_\_\_

Have you been denied membership in any gymnastics or sports related organization (i.e., USAG/XCEL, AAU, AmeriKIDS)?

Yes/No If yes, please explain: \_\_\_\_\_

List at least two character references:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>

HOBBIES \_\_\_\_\_

Who referred you to KiDS/OGA? \_\_\_\_\_ Work Preference (circle): KiDS? OGA? Both?

Reasons or goals for wanting to work for KiDS/OGA? \_\_\_\_\_

Have you had previous experience with gymnastics? Yes/No If yes, please describe. \_\_\_\_\_

Do you have current certification in First Aid? Y / N CPR? Y / N AED? Y / N Concussion? Y / N

Days and Hours Available:

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT
FROM							
TO							

Are you 18 years or older: Yes \_\_\_\_\_ Birth Date \_\_\_\_\_ (Year Optional)

No \_\_\_\_\_ If not, please give date of birth: \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, do you have a legal right and necessary papers to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

"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. I also authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, 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 be terminated at any time, with or without cause."

Signature \_\_\_\_\_

Date \_\_\_\_\_