The Apollo School of Gymnastics 2140 Range Road, Unit G Clearwater, Florida 33765 727-447-2108 (Voice) 727-449-0527 (Fax)



The Apollo School of Gymnastics is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Personal Data						
Position(s) applied for:				Date of Application:		
Last Name	First Name	Middle Name	E-mail Addre	ess		
Current Address: Number Stree	et	Apt.	City	State	Zip Code	
Telephone Number(s): Daytime		Evening		Cellular		
Social Security Number		How or by whom were yo	ou referred to us?			
Are you currently employed?		1		Yes	No	
May we contact your present emplo	oyer?			Yes	No	
Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration status?				Yes	No 🗍	
(Proof of citizenship or immigration state	us will be required at	the time of employmen	t.)			
On what date would you be availab	le to work?					
Are you able to work:	Full Time	Part Tin	ne Evenin	igs Week	kends	
Are there any days or hours you ar	e unable or unwilli	ng to work? If yes,	write specifics below:			
Do you have a dependable means of transportation to and from work?				Yes	No	
Have you ever been convicted of a felony? Yes No					No	
(Conviction will not necessarily disquali	fy an applicant from e	mployment.)				
If Yes, please give details including date, location (city), nature of the offense and disposition.						
Do you have any specific salary requirements? If Yes, please indicate:						
Education						
	Name and Ad	dress of School	Course of Study	Years of Stud	dy Graduated	
High School						
Undergraduate College						
Graduate or Professional						
Other (Please Specify)						

Notice of Fingerprint and Background Check Requirements

The Apollo School of Gymnastics is a drug-free workplace. When hired, all applicants must complete the fingerprint and background check process through the Florida Department of Law Enforcement. All fees for this process are each applicant's responsibility.

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Employment Experience

Start with your present or last job. Please complete in full, even though you may have a resume. Include any job-related military service assignments and any related volunteer experiences.

Current/Last Employer:	Employment Dates:to		
Type of Business:	Job Title:		
Address:			
	Bonus/Incentives:		
Supervisor's Name:	Reason for Leaving:		
Your Duties and Responsibilities:	Company Tel. #:		
	May we contact? Yes No		
Previous Employer:	Employment Dates:to		
Type of Business:	Job Title:		
Address:	Calanu		
	Bonus/Incentives:		
Supervisor's Name:	Reason for Leaving:		
Your Duties and Responsibilities:	Company Tel. #:		
	May we contact? Yes No		
Previous Employer:	Employment Dates:to		
Type of Business:	Job Title:		
Address:	Salary: per		
	Bonus/Incentives:		
Supervisor's Name:			
Your Duties and Responsibilities:	Company Tel. #:		
	May we contact? Yes No		
Previous Employer:	Employment Dates:to		
Type of Business:	Job Title:		
Address:	Salary: per		
	Bonus/Incentives:		
Supervisor's Name:			
Your Duties and Responsibilities:	Company Tel. #:		
	May we contact? Yes No		

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Personal References				
Please list 3 personal	references (must not be relatives)			
Name and Address:				
Telephone Number, including area code and extensions:				
Occupation:	_			
Years Acquainted:	_ How do you know this individual?			
Name and Address:				
Telephone Number, including area code and extensions:				
Occupation:	_			
Years Acquainted:	_ How do you know this individual?			
Name and Address:				
Telephone Number, including area code and extensions:				
Occupation:	_			
Years Acquainted:	_ How do you know this individual?			
Wor	king Skills			

Describe any abilities, experiences, aptitudes and attitudes you have that you believe would be helpful in the position(s) you are applying for. For clerical or office positions include any experience or skills with customer service, computer applications, typing skills or general clerical skills. For coaching positions, include any age groups, ability levels, special programs, educational activities, events you have taught or specialized in and any other gymnastics and/or sports-related skills you have.

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Applicant's Statement

READ ALL STATEMENTS CAREFULLY BEFORE SIGNING.

I understand that the receipt of this application does not imply that I will be hired.

This application for employment will remain active for a period not to exceed 30 days. I realize that to be considered for employment beyond this time an applicant should inquire as to whether or not applications are being accepted at that time.

I certify that all statements given by me in this application are true and complete. I understand that I will be subject to immediate dismissal or refusal to hire if at any time Apollo discovers I have omitted, misstated, or falsified information on this application or at any time in the hiring process.

I authorize the Apollo School of Gymnastics to conduct a background inquiry to verify the statement and information on this application, other documentation I have provided and other areas that may include prior employment, consumer credit, criminal convictions, motor vehicle history and other reports. I authorize all previous employers or other persons who may have knowledge of me, or my records, to release such information to the Apollo School of Gymnastics. I hereby release any individual, agency and the Apollo School of Gymnastics from all claims or liabilities whatever that may arise from the diclosure of such information.

I understand and acknowledge that the employment relationship at the Apollo School of Gymnastics is of an "at will" nature, meaning that an employee may resign at any time and that Apollo may discharge an employee at any time with or without cause.

I understand that if hired, all applicants must complete the Fingerprint and Background Check process through the Florida Department of Law Enforcement. I further understand that the fingerprinting must be completed prior to the first day of work and that all fees for this process are the applicant's responsibility.

My signature below certifies that I have read and agree with each and every statement above.				
Signature of Applicant		Date		