

**Brown's Gym Orbit Sports Academy
Coaches Application**

Today's Date: _____

Name: _____ **Social Security Number** _____ / _____ / _____

Cell #: _____ **Drivers License #:** _____

E-mail Address: : _____ **Birthday** / /

Are there any medical conditions/allergies to which we should be alerted? No Yes *list* _____

Do you have any physical limitations? No Yes Have you had any injuries? No Yes *list* _____

Surgery Yes No When _____ What For _____

Are You Employed Now: Yes No How many hours a week _____ Employer _____

US Citizen Yes No **Do you have a Work Visa** Yes No **Foreign Language** *List* _____

Times Available: Afternoon Classes Morning Classes Sat Morning Classes Birthday Party's

Days Available: M T W TH F Sat

Gymnastics Training and Background

Have you ever been convicted of a crime other than a minor traffic violation? No Yes

Explain _____

Did you *compete* in any sport _____ What level _____ How many years _____

Year Graduated High School _____ Gymnastics College Scholarship Yes No

University Name _____ Coaches _____

Awards/Honors/Achievements _____

Did you compete gymnastics in High School Yes NO How many years _____ What Levels _____ USAG Yes No

Gymnastics Training Questions *all that apply*

List any "Special" training in gymnastics you have had _____

List any other job related skills or qualifications that support your application:

How far do you live _____

List any USAG Congress, Symposiums, Clinics you have attended:

GYMCERT - CHEER "Safety Course"

CPR Certified *expiration* _____

First Aid *Certified expiration* _____

Elementary School Teacher _____

Secondary School Teacher _____

Athletic Trainer Certification _____

Gymnastics Teaching Questions *Page Two*

Can You Teach Beginner Girls Classes (Levels 1 & 2) Yes No

Can You Teach Advanced Beginner Girls (Level 3) Yes No

Can You Teach Intermediate or Advanced Recreational Girls Classes (Level 4) Yes No

Can You Teach "Pre-School Gymnastics Classes (Ages 3 - 5) Yes No Parent and Child Classes ? Yes No

Can You Teach Beginner Boys Gymnastics (Level 1 & 2) Yes No
 Can You Teach Advanced Boys Gymnastics (Intermediate Skill Levels) Yes No
 Can You Teach Trampoline and Tumble Trak) Yes No
 Can You Teach Cheerleading (Stunts, and Tumbling) Yes No
 Can You Operate an Over-Head Spotting Rig over the Trampoline Yes No
 Have You Experience in In-ground Landing Pits Yes No

What level and age do you prefer to teach _____

Employment History

Name of Present Employer _____ Supervisor’s Name _____
 Location of Present Employment _____
 Start Date _____ Part Time _____ Full Time _____ Leaving Date _____ Hourly Pay _____
 Number of Hours Worked Each Week _____ Job Title _____
 Reason for Leaving _____

Name of Previous Employer _____ Supervisor’s Name _____
 Location of Previous Employment _____
 Start Date _____ Part Time _____ Full Time _____ Last Date _____ Hourly Pay _____
 Number of Hours Worked Each Week _____ Job Title _____
 Reason for Leaving _____

Employment History (continued) Page 3

Professional References

- 1.
- 2.
- 3.

“YES” answers to the following 4 questions will not necessarily result in denial of employment. We will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your Written explanation will assist us in determining your eligibility and suitability for employment. Attach additional sheets if necessary.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer “YES” even if the matter was later dismissed, deferred, vacated, or expunged. If you answer “YES” you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the cases.

YES _____ NO _____ Explanation _____

2. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer “YES” even if the matter was later resolved with any form of settlement or Severance agreement, regardless of it’s terms. If you answer “YES” you must provide the date of termination of employment, the name, address and telephone number of the employer’s) and a statement of the alleged reasons for termination.

YES _____ NO _____ Explanation _____

3. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint how pending against you before any licensing, certification or other regulatory agency or body, public or private. If you answer “:YES” you must provide dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and final disposition.

YES _____ NO _____ Explanation _____

4. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing,

certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “:YES” you must provide the, name, address and telephone number of the employer or licensing agency and, a statement of the accusations against you.

YES _____ NO _____ Explanation _____

Who referred you to Brown’s Gym Orbit _____

In Case of Emergency Notify Phone _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding. That if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigations of all statements herin and the references listed above to give you all information concerning my previous employment.

I also agree and encourage background check on myself if officers/administrators of Brown’s Gym Orbit deemed necessary. This investigation may include asking my current and any former employer and educational institutes I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, positions) held, reason for leaving employment, whether I could be rehired, reasons for not hiring (if applicable) and similar information.

I release, hold harmless and agree not to sue or file any claims of any kind against my current or former employer or educational institutions; and any officer or employee of either, that is in good faith furnishes written or oral references requested by Brown’s Gymnastics to complete its background investigation. If hired, Brown’s reserves the right to require a drug screen of any applicant and may request one prior or during my employment. I also acknowledge that there may be random drug screening tests during my employment at Brown’s Gym Orbit.

Employment at the Company is on an “at-will” basis. The contents of any employee handbook, Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.

Signature of Applicant Date

Please attach a copy of your “drivers license. This application must be filled out even if you have attached a resume.

BROWN’S GYM ORBIT
740 Orange Avenue
Altamonte Springs, FL 32714
407.869.8744 phone 407.869.0774 fax

