



Power Tots, Inc. Employment Application and Employee Record

Full Name _____ SSN _____
 Permanent Address _____
 Cell Phone _____ Home Phone _____
 Email Address _____ DOB _____

EMPLOYMENT HISTORY

Are you currently employed? Yes No

Current Employer Name _____ Phone _____
 Supervisor _____ Position _____ Dates _____

Previous Employer Name _____ Phone _____
 Supervisor _____ Position _____ Dates _____

Previous Employer Name _____ Phone _____
 Supervisor _____ Position _____ Dates _____

EDUCATION

High School Attended _____ Date of Graduation _____
 College Attended/Attending _____ Area of Study _____
 Dates Attended/Graduated _____
 Other Education (clinics/job training/certifications, etc.) _____

Please describe any experience working with children including ages, types of activities, and position _____

Safety is a top priority of Power Tots. While teaching and spotting gymnastics, you will experience things like quick movements and sometimes awkward positioning, lifting heavier children, and holding/carrying the entire weight of a child. In addition, a major part of the job of an instructor is to transport and carry gymnastics equipment to and from centers. Do you have any conditions or injuries that we should be aware of that may keep you from safely performing these duties? Please indicate yes or no and if answering yes, please give a detailed explanation

Have you ever been convicted of a crime? Yes No
 Have you ever been dismissed from employment or laid off? _____ Why? _____
 Are you legally eligible to work in the United States? Yes No
 Are you now or have you ever been: USAG Safety Certified First Aid Certified CPR Certified
 Do you have your own car or dependable way to work? _____ Explain _____

REFERENCES (Please list the names of two business references that are not related to you.)

Name and Business	Years Acquainted	Phone Number	Email Address

I certify that all information provided on this form is accurate to the best of my knowledge and that no intentionally misleading information is provided.

Signature _____

Date Signed _____