



DAGGETT GYMNASTICS

### Employee Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthday \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

SS # \_\_\_\_\_ Start Date \_\_\_\_\_

Professional Membership # \_\_\_\_\_ Exp. Date \_\_\_\_\_

#### Certificates

Safety Certified \_\_\_\_\_ CPR Certified \_\_\_\_\_ First Aid \_\_\_\_\_

Put an "X" next to the days and times you can work below:

Mon.      Tues.      Wed.      Thurs.      Fri.      Sat.      Sun.

AM

9-12 PM

PM

1 PM-8 PM

Hours you want to work weekly? \_\_\_\_\_ Level of classes \_\_\_\_\_

Available for training? \_\_\_\_\_ Birthday parties? \_\_\_\_\_

List Relevant Experience

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#### REFERENCES

#### NAME

#### CONTACT #

- 1.
- 2.
- 3.