



OREGON GYMNASTICS ACADEMY

EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

Name: _____ SSN: _____

Address: _____

Phone: _____ Email: _____

Are you 18 or older? Yes No

Position(s) Applying For: Recreational Instructor Activities Instructor All Star Instructor Office/Administration Competitive Coach (Please Circle: Girls Boys Xcel) Other: _____

Date Available to Start: _____ Salary Desired: _____ Have You Previously Been Employed by OGA? _____

Are You Currently Employed? _____ May We Inquire of Your Current Employer? _____

Were You Referred by an OGA Employee? _____ Name of Employee: _____

Employment History (List most recent and/or relevant work experience)			
Dates of Employment:	Name of Employer:	Position:	Reason for Leaving:
Address:		Supervisor:	Phone:
Dates of Employment:	Name of Employer:	Position:	Reason for Leaving:
Address:		Supervisor:	Phone:
Dates of Employment:	Name of Employer:	Position:	Reason for Leaving:
Address:		Supervisor:	Phone:

Please list any other relevant experience:

References (Three individuals not related to you who can speak to your character i.e. a teacher, coach, family friend)

Name:	Phone:	Email:	Relationship:
Name:	Phone:	Email:	Relationship:
Name:	Phone:	Email:	Relationship:

Education	Name and Location of School:	# of Years	Did you Graduate?
High School			
College			
Graduate School			
Trade/Business School			

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated. I agree that all references and former employers may be contacted for a job reference. I also agree that any individual who has knowledge concerning my character or past job performance may be contacted for an employment reference even if I have not supplied their name on this application.

I give my permission for Oregon Gymnastics Academy, or those acting as agents of Oregon Gymnastics Academy to conduct national and police back ground checks prior to or during my course of employment. I understand and agree that all employees of Oregon Gymnastics Academy are at-will employees. This means that employees can be dismissed at any time for any reason or no reason. No one at Oregon Gymnastics Academy has the authority to promise any employee that he or she will be employed for any particular or indefinite period. I also agree that during the first 90 days of employment all employees will be considered to be "in training", as OGA continues to check references and the information supplied by me during my application and interviewing. In addition, the 90 day training period will allow OGA to make sure that I have been placed correctly and give me an opportunity to learn about the programs and receive additional training if needed.

Finally, I understand the importance of using images of Oregon Gymnastics Academy activities and members in printed materials, OGA web sites, videos and television broadcasts. Therefore, by signing this form, I give my permission for OGA and their affiliates to use photographs and/or video recordings of me. This consent includes the storage, retrieval and reproduction of information or images. Photographs, videos and the tapes, negatives and digital media from which images and recordings are made shall be the property of OGA, which shall have the right to publish, reproduce, distribute and make other uses free of all claims on my part. This form can be used for any event and does not expire.

Signature of Applicant: _____ **Date:** _____