



280 Chester Street, Saint Paul, MN 55107 | (651) 300-3705
info@internationalelitegymnastics.com | www.internationalelitegymnastics.com

Application for Employment

All applicants are considered for positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws.

By completing this application, you are seeking to join a team of dedicated professionals committed to providing high-quality gymnastics instruction and fostering a safe and positive environment for students of all ages and skill levels.

Position Information

Position Applied For: _____ Date of Application: _____

Preferred Coaching Program: ☐ Preschool ☐ Girls Recreational ☐ Boys Recreational ☐ All Recreational Programs
☐ Pre-Team Levels 1 & 2 ☐ Compulsory Levels 3 – 5 ☐ Optional Levels 6 & 7 ☐ TOPs ☐ All Competitive Levels

Personal Information

Full Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number (Main): _____ Phone Number (Alt.): _____

Email Address: _____

Employment History

Please list your employment history, starting with your most recent job.

Employer 1

Name: _____ Supervisor: _____ May we contact? ☐ Yes ☐ No

Address: _____ Phone Number: _____

Job Title & Duties: _____

Dates Employed (Month/Year): From _____ To _____ Reason for Leaving: _____

Employer 2

Name: _____ Supervisor: _____ May we contact? ☐ Yes ☐ No

Address: _____ Phone Number: _____

Job Title & Duties: _____

Dates Employed (Month/Year): From _____ To _____ Reason for Leaving: _____



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Gymnastics Coaching Experience & Certifications

Do you have previous gymnastics coaching experience? ☐ Yes ☐ No If yes, provide details:

Organization Name: _____ Years of Experience: _____ Types of Gymnastics Coached: _____

Certifications (Check all that apply and provide details):

☐ USA Gymnastics (USAG) – Member Number: _____ ☐ SafeSport Certification – Expiration Date: _____

☐ CPR/First Aid Certified – Expiration Date: _____ ☐ Other (Specify): _____

Education

School Name	Diploma/Degree (Yes/No)	Area of Study/Major	Specialized Training/Extracurricular Activities

Professional References

Please list three professional references who are not related to you.

1. Name & Title: _____ Relationship: _____ Phone/Email: _____

2. Name & Title: _____ Relationship: _____ Phone/Email: _____

3. Name & Title: _____ Relationship: _____ Phone/Email: _____

Availability

Date available to begin work: _____ Desired Wage: _____ ☐ Full-time ☐ Part-time ☐ Temporary ☐ Sub-Only

Days and Hours

Available:

Min Hours a Week: _____

Max Hours a Week: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Applicant Statement and Agreement

_____ I certify that all the information provided is accurate and complete to the best of my knowledge.

_____ I authorize the company to investigate my references, work history, education, and certifications.

_____ I understand that employment is at-will, meaning either party may terminate employment at any time.

_____ I agree to follow all organizational policies, including safety and child protection guidelines, if hired.

Signature: _____ Printed Name: _____ Date: _____