



# Gleason's Gymnastic School

2015 Silver Bell Road – Suite 180  
Eagan, MN 55122  
(651) 454-6203

## Employment Application

<b>Personal Information</b>	Last Name		First	Middle	Date
	Street Address				Home Phone ( )
	City, State, Zip				Business Telephone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____				Social Security # - -
	Position Desired				Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Not, what hours can you work? _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?				Date available to begin work?
	Other special training or skills (languages, computer skills, etc.)				E-mail Address

<b>Education</b>	School	Name and Location of School	Course of Study	No of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion, or National Origin)	

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record.  
Start with you present or most recent employer.

<b>1</b>	Company Name	Telephone (      )
	Address	Employed – (State Month and Year) From      To
	Name of Supervisor	Weekly Pay Start      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone (      )
	Address	Employed – (State Month and Year) From      To
	Name of Supervisor	Weekly Pay Start      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone (      )
	Address	Employed – (State Month and Year) From      To
	Name of Supervisor	Weekly Pay Start      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>4</b>	Company Name	Telephone (      )
	Address	Employed – (State Month and Year) From      To
	Name of Supervisor	Weekly Pay Start      Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	<b>DO NOT CONTACT</b>
	Employer Number (s) _____ Reason _____

<b>SIGNATURE</b>	The information provided in this Application for Employment is True, Correct and Complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
	If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.
	Date _____ Signature _____



REFERENCES	Name	Address	Phone Number

# Child Protection Background Check Consent

## 123B.03 Informed Consent

### **Gleason's Gymnastics School**

2015 Silver Bell Road

Eagan, MN 55122

(651) 454-6203

**Date:** \_\_\_\_\_

- ☐ We are requesting a federal check pursuant to Minnesota Statute 299C.62 on this individual as well. (Contributor, please check this box if requesting a federal check and attach fingerprint card, the Child Protection Background Check Consent form and a check in the amount of \$24) Please note that the federal check will take 6 to 8 weeks to complete.

The following named individual has made application with **Gleason's Gymnastics School** for employment:

**Full Name of Applicant:** \_\_\_\_\_  
Last First Middle

**Maiden, Alias of Former** (please print) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
Month/Day/Year

I authorize the Minnesota Bureau of Apprehension to disclose all criminal history record information to **Gleason's Gymnastics School** pursuant to Minnesota State Statute 123B.03 sub division 1 for the purpose of employment as a \_\_\_\_\_  
with this agency. (Position/Assignment)

**CONDITIONAL HIRING:** I understand that **Gleason's Gymnastics School** may permit me to commence my employment duties pending completion of the criminal history background check and acknowledge and agree that I may be terminated based on the result of the background check.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**