



Employment Application

First Name:

Position (s) applying for: _____		
Referral Source:	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee <input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Internet <input type="checkbox"/> Website
	<input type="checkbox"/> Other: _____	

Name: _____
(Last) (First) (M.I.)

(Date)

InterActive Academy
3795 South U.S. 421
Zionsville, IN 46077

Last Name:

Equal Opportunity Employer
www.interactiveacademy.org

Please Print Clearly

Name: _____
 (Last) (First) (M.I.)

Address: _____
 (Street) (Apt #)

 (City) (State) (Zip Code)

Phone Number: _____ Social Security Number : _____

Email Address: _____

Are you looking for: ___ Full-time ___ Part-time Desired Salary/Hourly Pay: _____

What days are you available to work? _____

Are you 21 years old or over? ___ Yes ___ No

Are you eligible to work in the United States? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please explain and give dates: _____

Have you ever been employed here before? ___ Yes ___ No Dates: _____

Do you have a valid Driver's? ___ Yes ___ No (required for position that driving)

If yes, License # _____ State Issued _____

Education Background

School	Name of School	City and State	Years Completed	Graduated Yes/No	Course/Degree Earned
High School					
College/ University					
Graduate School					
Other					

Work Experience

Please provide work experience below. Start with your present or most recent job.

Employer: _____	Address: _____
Telephone: () _____	Supervisor: _____
From: _____ To: _____	Salary/Hourly Rate: _____
Job duties: _____	

Reason for Leaving: _____	

May we contact this employer? Yes _____ No _____	

Employer: _____	Address: _____
Telephone: () _____	Supervisor: _____
From: _____ To: _____	Salary/Hourly Rate: _____
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Telephone: () _____	Supervisor: _____
From: _____ To: _____	Salary/Hourly Rate: _____
Job duties: _____	

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May we contact this employer? Yes _____ No _____	

Comments (include explanation of any gaps in employment or involuntary terminations):

Skills and Qualifications

Summarize any special skills, licenses, certifications and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position which you are applying.

References

List names and telephone numbers of three additional professional references not listed in the Employment History section of this application.

Name	Relationship	Telephone #

I authorize Interactive Academy and its designated representative to investigate all of the information in this application, including reference inquiries concerning my employment and education record. I understand and agree that an omission or misstatement of any of the information requested will result in disqualification or if hired, immediate termination regardless of the date of discovery.

I understand the employment process may include appropriate background checks, including Criminal History Reports and Driving Record Search. Information must meet company guidelines. A conviction record will not necessarily disqualify me from employment.

I understand that Interactive Academy is an Equal Opportunity Employer. Interactive Academy does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application does not constitute an employment contact or an offer of employment. The employment of any person at Interactive Academy can be terminated with or without cause and without notice, at any time, at the option of either the employee or Interactive Academy.

Signature of Applicant: _____

Date: _____



Interactive Academy Gymnastics Reference Form

Please fill out this form and return to the address below or fax to Kendra Brens at 317-733-3389. This honest view from you will help us determine future employment opportunities for this individual. IA is a world class gymnastic facility that teaches all ages of children and adults how to be healthy, fit and confident through gymnastics.

Applicants Name: _____

Please rate the following individual on these characteristics using the scale below:
 5- Excellent 4-Good 3- Average 2-Below Average 1- Does not comply

Competencies	5	4	3	2	1	Comments
Responsibility						
Team/Group Player						
Energy						
Response to Supervision						
Dependability						
Maturity of Judgment						
Lead/Coach children						
Adaptability						
Initiative						

***How long have you known this applicant?** _____

***Under what condition was this applicant observed?** _____

Signature: _____

Date: _____

Phone: _____



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