



Premier Gymnastics Employment Application

5699 W. 20th St
Suite 500
Greeley, CO 80634
premierymnicseast@gmail.com

First Name: _____

Last Name: _____

Birthday: _____

Cell Phone: _____

Home Phone: _____

E-Mail: _____

Address: _____

Today's Date: _____

Date You Can Start: _____

USA Gymnastics Number: _____

Expiration Date: _____

Safety Certification: _____

CPR Certification: _____

First Aid Certification: _____

How many hours do you want to work: _____

****Put an "X" in the boxes below to indicate the times you are available to work.**

	Monday	Tuesday	Wed.	Thursday	Friday	Saturday	Sunday
Mornings (Between 8:30-12:00)							
Afternoons (Between 12:00-3:00)							
Evenings (3:00-9:00)							

What level of classes do you want to teach? _____

Will you be available for training? _____

Are you willing to do Birthday Parties on weekend? _____

Please list previous teaching experience with references: _____
