Application for Employment

J&R Sportsplex 1437 S. Walnut Ave. New Braunfels, TX 78130 (830) 606-0375

J&R Gymnastics 1307 W. Court Seguin, TX 78155 (830) 303-2581

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position applied for:			_ Date of application:		
How did you learn about J	&R?				
Advertisement	Friend	Relative	Walk-in	Ot	her
Last Name	First	Name	Middle 1	Name	
Current Address (Stree	et, Apt. #)	City	S	State	Zip Code
Current Telephone Number	ers (Home, Cell)		Social S	ecurity Nu	mber
Current E-Mail Address					
Permanent Address		City	S	State	Zip Code
Permanent Telephone Nur	nber Perso	on to contact in ca	ase of emergency	y Phoi	ne Number
Are you currently employe	ed?		_	Yes	No
May we contact your prese	ent employer?		_	Yes	No
Are you prevented from la because of Visa or Immigro (<i>Proof required upon emp</i>) Are you 18 years of age or	ration Status? loyment.)	g employed in thi	-	Yes Yes	
On what date would you b		vork?		100	
Are available to work:	Full time	Part Time	Tempo	rarv	

Have you been convicted of a felony within the last 7 years: Yes I Conviction will not necessarily disqualify an applicant from employment.	No
If yes, please explain:	
Education	
Education completed: Elementary School High School Graduate Professional Other (specify)	College
Describe any specialized training, apprenticeship, skills and extra-curricular activity	ties.
Briefly state your philosophy of working with children and disciplining children.	

Employment Experience
Start with your present or last job. Include any volunteer activities.

l.				
	Employer		Dates employed	Work performed
	Address		City, State, ZIP	Telephone number
	Job Title	Supervisor	Hourly rate/Salary (s	tarting/final)
2.	Reason for leaving			
	Employer		Dates employed	Work performed
	Address		City, State, ZIP	Telephone number
	Job Title	Supervisor	Hourly rate/Salary (s	tarting/final)
2	Reason for leaving			
٥.	Employer		Dates employed	Work performed
	Address		City, State, ZIP	Telephone number
	Job Title	Supervisor	Hourly rate/Salary (s	tarting/final)
4.	Reason for leaving			
	Employer		Dates employed	Work performed
	Address		City, State, ZIP	Telephone number
	Job Title	Supervisor	Hourly rate/Salary (s	tarting/final)
	Reason for leaving			

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other legally protected status.					
Other Qualifications: Summarize special job related skills and qualifications acquired form employment of other experience.					
	MAC Calculator FAX Microsoft Works on you feel may be helpful to us in considering your application.				
References					
1. Name	Phone				
Address	City, State, ZIP				
 Name	Phone				
Address	City, State, ZIP				
Name	Phone				
Address	City, State, ZIP				
Name	Phone				
Address	City, State, ZIP				

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

	Signature of Applicant	Date
FOR PE	ERSONNEL DEPARTMENT USE ONL	Y
Arrange interview Yes	No	
Remarks:		
	Interviewer	Date
Employed Yes	No Date of employment	
Job Title	Hourly rate/Salary	
_		
By: Name and t	itle	Date

NOTES