



EMPLOYMENT APPLICATION



Xtreme Altitude Gymnastics – 1405 South Public Road, Lafayette, CO. 80026
 Ph. 720.887.6752 Fax 303.465.6047 Email frontdesk@xtremealtitude.com
www.xtremealtitude.com

Flatirons Gymnastics Center – 2645 Industrial Lane, Broomfield, CO. 80020
 Ph. 303.465.6303 Fax 303.635.8016 Email frontdesk@flatirongymnastics.com
www.flatirongymnastics.com

Date: _____

PERSONAL INFORMATION

Name (last)	First	Middle
Address (street)	City/State	Zip
	Home Ph.	Cell Ph.
Email address:		
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter your age ____ yrs DOB ____/____/____		
Are you a citizen of the United States or have a legal right to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Positions/Departments Applying For?		How did you learn about us?
Pay Range Expected?	Seasonal or year-round?	Date available to start?

At Xtreme Altitude and Flatirons Gymnastics, we believe in building strong relationships. However, sometimes business relationships do not work out, despite the best intentions from both parties. For this reason, either party reserves the right to terminate employment at any time, with or without notice and with or without reason.

EDUCATIONAL INFORMATION

High School	Years Completed?	Graduated?	Yr of Graduation?
College	Years Completed?	Graduated?	Yr of Graduation?
			Course of Study?
Graduate School or Trade School	Years Completed?	Graduated?	Yr of Graduation?
			Course of Study?

EMPLOYMENT HISTORY

Company Name	Address	Phone Number
Name of Immediate Supervisor?		Are you currently employed at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Wage?	End Wage?	Reason for leaving?
Start Date?	End Date?	
Job Title or Position?		Describe your duties or responsibilities:

Company Name	Address	Phone Number
Name of Immediate Supervisor?		Are you currently employed at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Wage?	End Wage?	Reason for leaving?
Start Date?	End Date?	
Job Title or Position?		Describe your duties or responsibilities:

REFERENCES

Please list up to FIVE references. At least TWO of the references must be professional.

Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship
Name	Phone Number	Relationship

ACCOMPLISHMENTS

Describe any honors, awards or special training that you feel will aid you in the position for which you are applying.

Please tell us why you feel you would be a great addition to our team.

POLICIES AND AGREEMENTS

I certify that the statements given on this application and during my interview are true and complete.

I understand that if I am hired based on any falsified information provided in this application or during my interview, my employment at Xtreme Altitude Gymnastics and/or Flatirons Gymnastics Center will be immediately terminated.

I authorize the contact of any references I have provided on this application and on my resume (if applicable) by an Xtreme Altitude or Flatirons Gymnastics representative.

I understand that my continued employment at Xtreme Altitude and/or Flatirons Gymnastics is contingent upon a successful performance during a 30-day trial period where I will be closely evaluated by my supervisor.

I understand that I must submit to and pass both a background check and a drug test prior to beginning my official employment at Xtreme Altitude and/or Flatirons Gymnastics.

Signature _____ Date _____

Xtreme Altitude Gymnastics is an EQUAL OPPORTUNITY EMPLOYER and does not discriminate against applicants or employees on the basis of race, color, gender, marital status, religion, national origin, veteran status or disability or any other basis prohibited by local, state or federal law. No question on this application is intended for or will be used for the purpose of limiting or excusing any applicant's consideration for employment.

OFFICE USE ONLY

Date of first contact ____/____/____ By _____

Date of telephone interview (if applicable) ____/____/____ By _____

Date of First Interview ____/____/____ By _____

Date of Second Interview ____/____/____ By _____

Date of Floor Interview ____/____/____ By _____

Date of HR Interview ____/____/____ By _____

Hired? Yes No

Position? _____ Starting Salary/Wage _____

Training Completed on ____/____/____ Start Date ____/____/____

Notes: