

4289 124th Street Chippewa Falls, WI 54729

EMPLOYMENT APPLICATION

Date of Application

CX I	BHEEK							
Last			First					
Street								
City				State	Zip Code			
Home Phone				Cell Phone	<u> </u>			
Email address				Driver's License #				
Position Soug	ht			Available Start Date				
Desired Pay			Current Employment					
Education Name & Location			Graduate? De	egree? Year?	Major/Subject	ts of Study		
High School				<u> </u>	, , ,	,		
College								
Specialized								
Training								
Other								
Education								
•	r been convicte ne offense, loca		•	r a misdemear	nor? Yes N	lo		
Gymanstic an	d/or Cheer exp	erience - i.e. cl	ub, high schoo	l, all-star comp	etition			
Previous Emplo	yment Experien	ce The followin	g informantion	must be comple	ete. List most rec	ent employer first.		
		Dates of Empl		Job Description		Supervisor		
Position		Reason for leaving		Pay Rate		Phone		
Company		Dates of Employment		Job Description-Duties		Supervisor		
Position		Reason for leaving		Pay Rate		Phone		
Company Date:		Dates of Empl	ates of Employment		n-Duties	Supervisor		
		Reason for leaving		Pay Rate		Phone		

Please complete the back of this application.

		t least 3 referer			h whom you ha	ave worked, wh	io can				
Name	regarding your	qualifications,	work mistory a	Relationship							
Address				Relationship							
City			State			Zip Code					
Phone			Email		Zip Code						
riione			Lillali								
Name				Relationship							
Address											
City State				Zip Code							
Phone			Email								
Name				Relationship							
Address				Relationship							
City			State	Zip Code							
Phone			Email		Zip Code						
riione			Liliali								
Days & Hours	Days & Hours Available Please list all hours available.										
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday					
Please provide any other pertinent information that should be considered; e.g. certifications, CPR, First Aid etc.											
	, ,				- G						
			Certification								
I certify that the info	rmation provided on t	his application is truthf	ul and accurate. I und	derstand that by provi	ding false or misleadir	ng information					
will be the basis for i	rejection of my Applica	ation, or if employmen	t commences, immed	iate termination.							
	•	ics LLC to contact form	7 7	=							
	, , ,	rs and educational organose persons designate	•	•							
		I authorize Ultimate Pe			_	=					
If an employment rel	ationship is created, I	understand that unless	s I am offered a specif	ic written contract of e	employment other wo	ords, with					
=	-	Director, the employme	· ·								
• • •		complete discretion to ne right. Moreover, no	• •	•		•					
		ract of employment sig									
the voluntary nature	of the employment re	elationship.									
I HAVE CAREFULLY RI	EAD THE ABOVE CERTI	FICATION AND I UNDE	RSTAND AND AGREE T	O ITS TERMS.							
Applicant Signat	ture			Date	_						
5											
Thank you for applying with Ultimate Performace Gymnastics & Cheer											