

# ATHLETES IN MOTION - APPLICATION FOR EMPLOYMENT

Phone & Fax 805-647-6971 Email: [www.aim4kids@um.att.com](http://www.aim4kids@um.att.com)

*An Equal Opportunity Employer*

## PERSONAL INFORMATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone + Area Code (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Drivers License \_\_\_\_\_

Are you 18 years or older? YES / NO. Are you a U.S. Citizen/Alien authorized to work in the USA? YES / NO.

**POSITION APPLYING FOR:** Youth Cheer \_\_\_\_, All-Star \_\_\_\_, Hip Hop \_\_\_\_, Tumbling \_\_\_\_, OFFICE \_\_\_\_  
 When can you begin? \_\_\_\_\_ Salary expectations? \_\_\_\_\_ Referred by? \_\_\_\_\_

## EMPLOYMENT HISTORY: *Begin with most current*

Are you currently employed YES / NO. If yes, may we contact your present employer? YES / NO

DATE, MONTH & YEAR FROM _____ TO _____	NAME/ADDRESS OF EMPLOYER  PHONE	SALARY	POSITION	REASON FOR LEAVING
DATE, MONTH & YEAR FROM _____ TO _____	NAME/ADDRESS OF EMPLOYER  PHONE	SALARY	POSITION	REASON FOR LEAVING
DATE, MONTH & YEAR FROM _____ TO _____	NAME/ADDRESS OF EMPLOYER  PHONE	SALARY	POSITION	REASON FOR LEAVING

## EDUCATION

List Highest Level of Education, High School, College, University, Trade

Have you graduated from High School \_\_\_\_\_ if yes, what year \_\_\_\_\_

Have you graduated from College, \_\_\_\_\_ if yes, what year \_\_\_\_\_

## REFERENCES: *Give the name & numbers of 4 persons not related to you.*

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

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**DUE TO WORKING WITH CHILDREN, YOU MAY BE ASKED TO SUBMIT TO FINGERPRINTING and DRUG TESTING. THE FOLLOWING QUESTIONS MUST BE ANSWERED.**

- 1) Have you ever been convicted of or charged with: rape, sexual assault, sexual molestation, child molestation, or any other sexual, morals or related offenses? YES / NO  
*IF YES, EXPLAIN* \_\_\_\_\_
- 3) Have you ever been convicted of a felony? YES / NO  
*IF YES, EXPLAIN* \_\_\_\_\_
- 4) Do you have a valid California driver's license? \_\_\_\_\_ Other State? \_\_\_\_\_
- 5) Has your driver's license been suspended or revoked within the past 7 years? YES / NO  
*IF YES, EXPLAIN* \_\_\_\_\_
- 6) Are you known by any other names? YES / NO  
*IF YES, EXPLAIN* \_\_\_\_\_
- 7) On a regular basis are you required to take any prescription drugs/medication which could impact your abilities? YES / NO  
*IF YES, EXPLAIN* \_\_\_\_\_
- 8) Have you ever-required treatment for drugs or alcohol dependency? YES / NO  
*IF YES, EXPLAIN* \_\_\_\_\_
- 9) Do you have a drinking problem or any addiction or dependence on drugs? YES / NO  
*IF YES, EXPLAIN* \_\_\_\_\_
- 10) In case of an emergency, do you have any ailments or medical information that doctors should be notified of? *IF YES, EXPLAIN* \_\_\_\_\_

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**IN CASE OF EMERGENCY NOTIFY**

- 1) NAME \_\_\_\_\_ PHONE + area code \_\_\_\_\_  
ADDRESS/CITY/STATE/ZIP \_\_\_\_\_
- 2) NAME \_\_\_\_\_ PHONE + area code \_\_\_\_\_  
ADDRESS/CITY/STATE/ZIP \_\_\_\_\_

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**PERSONAL DATA:** Automobile make/model/year? \_\_\_\_\_  
How far are you willing to drive to teach a class? \_\_\_\_\_  
What evenings are you available to teach? MON, TUE, WED, THUR, FRI, SAT/MORN  
Hobbies/Special Interests/ Foreign Languages? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards/Honors/Affiliations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you or any family member own or have ever owned your own business for the purpose of teaching children recreational classes? YES / NO *IF YES, EXPLAIN*  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to teach for AIMUSA and how would AIMUSA benefit from employing you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**TEACHING INFORMATION**

Explain your teaching experience

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## **CERTIFICATIONS**

All information given by me herein is true. False or misleading information (misrepresentation or omission of information called for) is a basis for no-hire or dismissal.

I authorize ATHLETES IN MOTION to make such inquiries of my personal, employment, financial history or other related matters as may be necessary in arriving at an employment decision. I hereby authorize employers, schools, credit data organizations, law enforcement agencies, courts or other persons to give ATHLETES IN MOTION all such information and I release ATHLETES IN MOTION from all liability in responding to inquiries in connection with my application.

Employment is of an at-will relationship. I understand that if employed, my employment will be of no specific duration and is terminable at any time by me, or, ATHLETES IN MOTION for any reason.

I understand that ATHLETES IN MOTION has policies regarding drug testing and honesty. I agree to participate in any such test, screen, inspection, or investigation (including property search) regarding problems about intoxicants and / or honesty.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_