

East Penn Children's Fitness Academy, LLC

OFFICE USE ONLY
Interview Date: _____

Employment Application

Applicant Information

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Apt City State Zip Code

Cell Phone: _____ Email: _____

Position applying for: _____ Desired Salary: \$ _____ Date Available: _____

Do you have work experience in early childhood development, gymnastics, tumbling, dance or cheering? YES NO

Explain: _____

Are you legally authorized to work in the United States? YES NO

Education School

	Did you graduate? (Yes/No)		Year	Degree/Course
High School				
College				
Other				

Employment Record (most recent first)

Company: _____ Address: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Wage: \$ _____ /hour Reason for Leaving: _____

Company: _____ Address: _____

Job Title: _____ Supervisor: _____

Start Date: _____ End Date: _____ Wage: \$ _____ /hour Reason for Leaving: _____

May we contact your previous supervisors for a reference? YES NO

AVAILABILITY

Hours Available	M	T	W	T	F	S	S
FROM							
TO							

Total hours available per week: _____ Email completed form to: EPCFA2010@gmail.com 5/19/21