



# AIM Athletics Employment Application Form



Once completed, you may either  
scan the completed application and send it to: [aimathletics@gmail.com](mailto:aimathletics@gmail.com)  
or Fax: (281) 419-5328 or mail or deliver in person to: 1067 Pruitt Road Spring, Texas 77380

**PLEASE PRINT THIS FORM AND DELIVER TO AIM ATHLETICS ONCE COMPLETED. PLEASE PRINT WHEN ANSWERING. PLEASE RESPOND TO ALL QUESTIONS. IF ANY QUESTION DOES NOT APPLY TO YOU, PLEASE ENTER "N/A".**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TEXAS** Driver License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Email address: \_\_\_\_\_ Are you a United States citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are not a U.S. citizen, can you produce a permit issued by the U.S. government that authorizes you to work legally in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you speak, read and write in English fluently? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you fluent in any other language? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, what language: \_\_\_\_\_

Have you ever been convicted of **any** crime (felony or misdemeanor) anywhere? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list **every** conviction against you regardless whether it was a misdemeanor or felony or where the offense occurred.

\_\_\_\_\_ (crime) \_\_\_\_\_ (conviction date) \_\_\_\_\_ (state where conviction occurred)

\_\_\_\_\_ (crime) \_\_\_\_\_ (conviction date) \_\_\_\_\_ (state where conviction occurred)

## **Gymnastics and/or Cheerleading Background:**

### **GYMNASTICS:**

Have you ever **competed** in: **GYMNASTICS** \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, please tell us:

How many years: \_\_\_\_\_

Highest competitive level: \_\_\_\_\_

Name of clubs and/or school programs: \_\_\_\_\_

Coaches: High school: \_\_\_\_\_ College: \_\_\_\_\_

Awards/achievements/honors: \_\_\_\_\_

Scholarships: \_\_\_\_\_

USAG competitive gymnast: \_\_\_\_\_ Yes \_\_\_\_\_ No If so, how many years: \_\_\_\_\_

At what USAG levels have you competed (i.e., state, regional, national, international): \_\_\_\_\_

Have you ever **coached** in: **GYMNASTICS** \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, please tell us:

How many years: \_\_\_\_\_

Class: \_\_\_\_\_ Yes \_\_\_\_\_ No List all class levels you have coached: \_\_\_\_\_

Team: \_\_\_\_\_ Yes \_\_\_\_\_ No List all team levels you have coached: \_\_\_\_\_

Highest competitive level: \_\_\_\_\_

Name all clubs and school programs in which you have coached and the levels you coached in each program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever **judged** in: **GYMNASTICS** \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, please tell us:

How many years: \_\_\_\_\_

Class: \_\_\_\_\_ Yes \_\_\_\_\_ No List all class levels you have judged: \_\_\_\_\_

Team: \_\_\_\_\_ Yes \_\_\_\_\_ No      List all team levels you have judged: \_\_\_\_\_  
Highest competitive level you have judged: \_\_\_\_\_

Are you a USAG Professional Member: \_\_\_\_\_ Yes \_\_\_\_\_ No      Member #: \_\_\_\_\_ Exp: \_\_\_\_\_  
Are you USAG Safety Certified: \_\_\_\_\_ Yes \_\_\_\_\_ No      Expiration date: \_\_\_\_\_  
Are you CPR Certified: \_\_\_\_\_ Yes \_\_\_\_\_ No      Expiration date: \_\_\_\_\_  
Are you a USAG Certified Judge: \_\_\_\_\_ Yes \_\_\_\_\_ No      Expiration date: \_\_\_\_\_  
Are you a USAG Certified Meet Director: \_\_\_\_\_ Yes \_\_\_\_\_ No      Expiration date: \_\_\_\_\_

Please indicate in the following areas whether you are qualified in coaching and spotting:

- \* Pre-school gymnastics classes: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Beginner girls gymnastics classes (Level I & II): \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Advanced girls gymnastics classes (Level III & IV): \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Beginner boys gymnastics classes (Level I & II): \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Advanced boys gymnastics classes (Level III & IV): \_\_\_\_\_ Yes \_\_\_\_\_ No

List the skill/apparatus/event you are qualified to teach and spot safely:

- \* Vaulting horse: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Trampoline: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Balance beam: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Uneven bars: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Tumble track: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Tumbling/acrobatics: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Rings: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Pommel horse: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* P-bars: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Single bar: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Men's high bar: \_\_\_\_\_ Yes \_\_\_\_\_ No
- \* Mini tramp: \_\_\_\_\_ Yes \_\_\_\_\_ No

List all USAG related events (Congress, Mini-Congress, Symposiums, Clinics, camps) you have attended in the last three years along with the dates and locations of those events:

\_\_\_\_\_  
\_\_\_\_\_

**CHEERLEADING:**

Have you ever **competed** in:      **CHEERLEADING**      \_\_\_\_\_ Yes      \_\_\_\_\_ No      If YES, please tell us:

How many years: \_\_\_\_\_  
Highest competitive level: \_\_\_\_\_  
Name of clubs and/or school programs: \_\_\_\_\_  
Coaches: High school: \_\_\_\_\_ College: \_\_\_\_\_  
Awards/achievements/honors: \_\_\_\_\_  
Scholarships: \_\_\_\_\_

Have you ever **coached** in:      **CHEERLEADING**      \_\_\_\_\_ Yes      \_\_\_\_\_ No      If YES, please tell us:

How many years: \_\_\_\_\_  
Class: \_\_\_\_\_ Yes \_\_\_\_\_ No      List all class levels you have coached: \_\_\_\_\_  
Team: \_\_\_\_\_ Yes \_\_\_\_\_ No      List all team levels you have coached: \_\_\_\_\_  
Highest competitive level: \_\_\_\_\_  
Name all (1) clubs and/or school programs in which you have coached, (2) your title in each coaching position, (3) the levels you coached in each program and (4) the month and year you began and ended each coaching position:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever **judged** in: CHEERLEADING  Yes  No If YES, please tell us:  
How many years: \_\_\_\_\_  
List all cheerleading levels you have judged: \_\_\_\_\_  
Highest competitive level you have judged: \_\_\_\_\_

Are you a member of any national cheerleading association(s):  Yes  No If YES, list all associations and the membership number for each organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you Safety Certified in cheerleading: NCSSE:  Yes  No Expiration date: \_\_\_\_\_  
AACCA:  Yes  No Expiration date: \_\_\_\_\_  
Are you CPR Certified:  Yes  No Expiration date: \_\_\_\_\_  
Are you a USASF Certified Judge:  Yes  No Expiration date: \_\_\_\_\_

Do you have any other type of teaching or instructional certification such as physical education, elementary or secondary teaching, athletic coaching, etc.?  Yes  No If YES, please list all such certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Desired:**

Position: \_\_\_\_\_ Date available to start work: \_\_\_\_\_

Pay/compensation anticipated: \_\_\_\_\_ Number of hours per week desired: \_\_\_\_\_

Hours available to work: (Please indicate for each day of the week your availability to work and the times available)

Monday	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Times: _____
Tuesday	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Times: _____
Wednesday	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Times: _____
Thursday	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Times: _____
Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Times: _____
Saturday	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Times: _____
Friday	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Times: _____

Have you ever conducted a gym Birthday Party?  Yes  No  
Are you proficient on a computer?  Yes  No  
If YES, please list the computer programs on which you are proficient: \_\_\_\_\_  
\_\_\_\_\_

Do you have your own vehicle or have the unrestricted use of a vehicle that you will use to get to work without fail when scheduled to work (we are not located on a bus route)?  Yes  No

Do you have any ongoing obligations/commitments that would be outside of your job with us (such as school, child care, care for family member, etc.) that would affect the schedule/time each week which you would be available for work?  
 Yes  No

If YES, what are those obligations or commitments? \_\_\_\_\_

Do you presently have any **existing** plans of **any type** (such as trips, vacations, weddings, family reunions, etc.) scheduled for the next 12 months during which you would be unavailable to work?  Yes  No

If YES, please tell us what those **existing** plans are and the **specific** times you would be unavailable to work:  
\_\_\_\_\_

If you have children, please tell us about your childcare plans/network that you would use to care for your child regardless of the reason [child's illness, out of school (holidays, summer vacations, etc.), unavailability of regular childcare, etc.] so that you will always be able to come to work when scheduled: \_\_\_\_\_  
\_\_\_\_\_

**Present employment:**

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes", please identify your present employer:  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_ City: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date employed: \_\_\_\_\_  
Do you intend to keep this position if employed by AIM Athletics? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "No", do you intend to provide your employer any advance notice of your departure? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is your present employer aware you are seeking other employment? \_\_\_\_\_ Yes \_\_\_\_\_ No  
May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you intend to leave your present employment, please tell us why: \_\_\_\_\_

**Past employment:** (Please list **all** employment positions you have had in the last 10 years regardless of the length of time you were employed. Please begin with your most recent employment position and work back in time. )

**Employer:** \_\_\_\_\_ Position: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates employed: Begin \_\_\_\_ (mo)/ \_\_\_\_ (yr) -- End \_\_\_\_ (mo)/ \_\_\_\_ (yr) Reason for leaving this position: \_\_\_\_\_

Who terminated your employment with this employer? \_\_\_\_\_ Me \_\_\_\_\_ Employer If you terminated your employment, did you provide this employer 2 weeks advance notice? \_\_\_\_\_ Yes \_\_\_\_\_ No If you did not provide advance notice of your termination, please tell us why: \_\_\_\_\_

Are you eligible for rehire with this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Employer:** \_\_\_\_\_ Position: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates employed: Begin \_\_\_\_ (mo)/ \_\_\_\_ (yr) -- End \_\_\_\_ (mo)/ \_\_\_\_ (yr) Reason for leaving this position: \_\_\_\_\_

Who terminated your employment with this employer? \_\_\_\_\_ Me \_\_\_\_\_ Employer If you terminated your employment, did you provide this employer 2 weeks advance notice? \_\_\_\_\_ Yes \_\_\_\_\_ No If you did not provide advance notice of your termination, please tell us why: \_\_\_\_\_

Are you eligible for rehire with this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Employer:** \_\_\_\_\_ Position: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates employed: Begin \_\_\_\_ (mo)/ \_\_\_\_ (yr) -- End \_\_\_\_ (mo)/ \_\_\_\_ (yr) Reason for leaving this position: \_\_\_\_\_

Who terminated your employment with this employer? \_\_\_\_\_ Me \_\_\_\_\_ Employer If you terminated your employment, did you provide this employer 2 weeks advance notice? \_\_\_\_\_ Yes \_\_\_\_\_ No If you did not provide advance notice of your termination, please tell us why: \_\_\_\_\_

Are you eligible for rehire with this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Employer:** \_\_\_\_\_ Position: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates employed: Begin \_\_\_\_ (mo)/ \_\_\_\_ (yr) -- End \_\_\_\_ (mo)/ \_\_\_\_ (yr) Reason for leaving this position: \_\_\_\_\_

Who terminated your employment with this employer? \_\_\_\_\_ Me \_\_\_\_\_ Employer If you terminated your employment, did you provide this employer 2 weeks advance notice? \_\_\_\_\_ Yes \_\_\_\_\_ No If you did not provide advance notice of your termination, please tell us why: \_\_\_\_\_

Are you eligible for rehire with this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Professional references:** Please list four (4) professional references we may contact regarding you and your experience and competencies:

(Name)

(Address)

(Telephone)

---

---

---

I represent and covenant that all of the responses I have entered in this application for employment with AIM Athletics are true, correct and complete in every respect. I understand, acknowledge and agree that my responses being true, correct and complete, without qualification or exception, constitute material reasons why I would be offered employment. I understand, acknowledge and agree that if any response I have entered on this application is in any manner untrue, incorrect or incomplete, that such would constitute a material fraudulent misrepresentation and grounds for immediate "for cause" termination of my employment regardless when AIM Athletics may learn of such misrepresentation.

I hereby authorize AIM Athletics and any agent or representative thereof to perform any and all investigations of me and my personal, character, behavior, education, employment, and criminal background. AIM Athletics is authorized to release this form in part or in whole to any employer, prior employer, reference or third party in connection with AIM's background investigation of me. This authorization shall be considered an ongoing authorization and not limited to AIM's initial consideration of my application for employment.

By signing this application below, I authorize and direct any employer, prior employer, professional reference or third party having information on my personal, character, behavior, education, employment, and criminal background to completely disclose and discuss, without qualification or exception, any and all aspects of my personal, character, behavior, education, employment, and criminal background. I hereby release, forever discharge and agree to hold harmless any employer, prior employer or reference (including any and all employees, officers, directors, agents and/or representatives thereof) from and against any claims, actions, causes of actions, costs, expenses, losses, and judgments any such parties may suffer as a result of, related to or arising out of any information any employer, prior employer, reference and/or third party may provide to AIM Athletics in connection with any background investigation conducted by same.

**This Employment Application Form once signed by me below along with a copy of my driver license shall constitute, without anything further, as formal written authorization for any person or party receiving it to release and disclose any and all information they may have in their possession concerning me and/or my personal, character, behavior, education, employment, and criminal background to AIM Athletics. This form once signed may be copied and any person receiving a copy may rely on such copy with the same force and effect as if they received the original.**

**APPLICANT**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Date signed by applicant