

# Orlando Metro Employment Application



Avalon Park  
14180 E. Colonial Dr.  
Bldg. #200  
Orlando, FL 32826  
Ph: (407)207-4110

Crystal Lake  
3212 Curry Ford Rd  
Orlando, FL 32806  
Ph: (407)644-0847

Lake Mary  
1180 Emma Oaks Trail  
Lake Mary, FL 32746  
Ph: (407)333-0907

LB McLeod  
4658 LB McLeod Rd.  
Orlando, FL 32811  
Ph: (407)246-1200

St. Cloud  
1421 Hamlin Ave  
St. Cloud, FL 34771  
Ph: (407)566-3174

www.orlandometrogyms.com

Positions Applied For  Check All That Applied	<input type="checkbox"/>	Gymnastics Rec Coach	<input type="checkbox"/>	Gymnastics Team Coach
	<input type="checkbox"/>	Summer Camp Counselor	<input type="checkbox"/>	After School Counselor
	<input type="checkbox"/>	Cheerleading Coach	<input type="checkbox"/>	Birthday Party Specialist
	<input type="checkbox"/>	Receptionist	<input type="checkbox"/>	CDL Driver
	<input type="checkbox"/>	Boys Gymnastics Instructor	<input type="checkbox"/>	Special Needs Instructor
	<input type="checkbox"/>	Ninja Class Instructor		
	<input type="checkbox"/>			

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Preferred Contact Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Date Available To Start \_\_\_\_\_ Number of Hours Desired per Week \_\_\_\_\_

Hourly Rate Desired \_\_\_\_\_ (do not leave blank)

**Specify specific hours of availability each day. Ex: 2:00pm-8:30pm (do not leave any blank)**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

**Education & Training Experience**

High School	Name of School	Course of Study	Years Completed	Diploma/Degree
College/Technical				
Graduate				
Other				
Highest Level of Competition	Gymnastics:		Cheerleading:	Other:

GYMNASTICS / DAYCARE	
Total Number of Years Coaching Experience:	
USAG#	
Safe Sport Expiration Date:	
Safety Certification Expiration Date:	
U100	Yes / No
First Aid/CPR Expiration Date:	
Total Number of years Daycare Experience:	

Coaching Experience:

Preschool Gymnastics	Yes _____	No _____
Beginner Girls Gymnastics	Yes _____	No _____
Beginner Boys Gymnastics	Yes _____	No _____
Intermediate/Advanced Girls Gymnastics	Yes _____	No _____
Intermediate/Advanced Boys Gymnastics	Yes _____	No _____
Cheerleading (Stunts, Cheers, Dance)	Yes _____	No _____
Tumbling	Yes _____	No _____
Trampoline	Yes _____	No _____
Proficient in use of In-ground pits	Yes _____	No _____
Proficient in use of spotting belts	Yes _____	No _____

Highest Skill You Can Teach & Spot

Girls

Vault	_____
Uneven Bars	_____
Beam	_____
Floor	_____
Trampoline	_____

Boys

Pommel Horse	_____
P. Bars	_____
High Bar	_____
Vault	_____
Floor	_____

Employment Experience (Start With Your Most Recent Employment)

Dates \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Dates \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_  
Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Dates \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_  
Job Title \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Job Responsibilities \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Professional References

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #s \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #s \_\_\_\_\_

Additional Information

Please list additional activities, certifications, awards, experience or any other information which you believe would be helpful in the review of your application

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

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Personal References:

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact #s \_\_\_\_\_

How Acquainted \_\_\_\_\_

Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact #s \_\_\_\_\_

How Acquainted \_\_\_\_\_

Number of Years Acquainted \_\_\_\_\_

In case of an emergency contact

Name \_\_\_\_\_

Contact #s \_\_\_\_\_

Name \_\_\_\_\_

Contact #s \_\_\_\_\_

I certify the facts contained in the application are true and complete to the best of my knowledge and I understand, if employed, falsified statements on this application are grounds for dismissal. I authorize investigation of all statements contained herein and of references listed above.

I also agree and encourage a complete background check on myself if Elite Gymnastics of Orlando, Orlando Metro Gymnastics, Orlando Metro Gymnastics – Avalon Park, Orlando Metro Gymnastics - Baldwin Park, Orlando Metro Gymnastics – Lk Mary or Orlando Metro Gymnastics – St. Cloud deem it necessary. This investigation may include investigation of my current and former employers and educational institutions.

I release, hold harmless and agree not to sue or file any claim of any kind against my current or former employer or educational institution, any officer or employee or either that in good faith furnishes written or oral references requested by Elite Gymnastics of Orlando, Orlando Metro Gymnastics, Orlando Metro Gymnastics – Avalon Park, Orlando Metro Gymnastics -Baldwin Park, Orlando Metro Gymnastics – Lk Mary or Orlando Metro Gymnastics – St. Cloud to complete the background investigation.

If hired, I also agree to drug screening at the discretion of Elite Gymnastics of Orlando, Orlando Metro Gymnastics, Orlando Metro Gymnastics – Avalon Park, Orlando Metro Gymnastics -Baldwin Park, Orlando Metro Gymnastics – Lk Mary or Orlando Metro Gymnastics – St. Cloud.

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Applicant Signature

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Date

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Applicant Printed Name

4/10/2024

“YES” answers to the following four questions will not necessarily result in denial of employment. We will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist us in determining your eligibility and suitability for employment. Attach additional information if necessary.

- Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment). You must answer YES even if the matter was later dismissed, deferred, vacated or expunged. If you answer YES you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case (s).

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation \_\_\_\_\_

- Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or an investigation of your behavior was pending? You must answer YES even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer YES you must provide the date of termination of employment, the name, address and telephone number of the employer (s) and a statement of the alleged reasons for termination.

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation \_\_\_\_\_

- Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer “YES” you must provide the dates of the proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation \_\_\_\_\_

- Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer? If you answer “YES” you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach a copy of driver's license or passport, CPR Card, USAG Membership Card and any Certifications.