

EMPLOYMENT HISTORY

Please fill out completely including phone numbers with area codes. Write legibly.

Company Name	Telephone	
Address	Employed (month & year)	
Name of Supervisor	Weekly Pay Start	Last
Job Title & Describe Your Work		
Reason for Leaving		

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Please check which areas of Wings Center you are interested in plugging into.

- | | | |
|--|--|--|
| <input type="checkbox"/> Recreational Gymnastics | <input type="checkbox"/> Full Day Childcare | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Preschool Gymnastics | <input type="checkbox"/> Afterschool Care | <input type="checkbox"/> Interactive Inflatables |
| <input type="checkbox"/> Team Gymnastics | <input type="checkbox"/> Developmental Preschool | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Tumbling & Trampoline | <input type="checkbox"/> Planet Kid Playground | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Front Office | <input type="checkbox"/> Other (specify) |

WINGS CENTER APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status, or any condition prescribed by state or local law.

Last Name	First Name	MI	Today's Date
Street Address		Home Telephone ()	
City, State, Zip		Cell Phone ()	
Have you ever applied for employment with us?	Yes	No	Social Security #
Position Desired	Compensation Expected		
Are you available for full-time work? Will you work overtime if asked?			
Yes	No	If not, what hours can you work?	
Are you legally eligible for employment in the U.S.? Yes No			
Have you been convicted of ANY crimes in the past ten years? If "YES", describe in full.			
Do you have any special training or skills (languages, licenses, accreditations, etc.)			

School	Name of School & Address	Course of Study	Years Completed	Degree/ Diploma
College				
High School				

Please read and understand this statement before signing your application:

This information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from background check agencies, previous employers or educational institutions I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in thirty days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at anytime, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Signed

Dated