

LGA APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Name (Last) _____ First _____		Middle Initial _____	Home Telephone _____
Current Address _____	City _____	State _____	Other Telephone _____
Email Address _____	Are you legally entitled to work in the US? _____		YES NO <input type="checkbox"/> <input type="checkbox"/>
How did you hear about LGA? _____			

POSITION

Position or type of employment desired: _____	Will accept: PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
---	---

AVAILABILITY

Mark times you are available	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8:00am-12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00pm -3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00pm - 6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00pm-9:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accomodation? YES NO

EDUCATION AND TRAINING

High School, College, Business School (most resent first)

Name & Location	Did you Graduate	Degree and Year	Major or Subject
	Yes <input type="checkbox"/>		
	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>		
	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>		
	No <input type="checkbox"/>		
	Yes <input type="checkbox"/>		
	No <input type="checkbox"/>		

Occupational License, Certificate or Registration	Number _____	Where issued _____	Expiration Date _____
Occupational License, Certificate or Registration	Number _____	Where issued _____	Expiration Date _____
Occupational License, Certificate or Registration	Number _____	Where issued _____	Expiration Date _____

SPECIAL SKILLS

Special Skills (list of all pertinent skills and talents that apply to the position Max 300 Characters)

WORK EXPERIENCE / REFERENCES

Employer	From
Address	To
Job title	Hours / Week
Specific Duties (Max 350 Characters)	Last Salary
	Supervisor
Reason For leaving	May we contact this Employer YES <input type="checkbox"/> NO <input type="checkbox"/>

WORK EXPERIENCE / REFERENCES

Employer	From
Address	To
Job title	Hours / Week
Specific Duties (Max 350 Characters)	Last Salary
	Supervisor
Reason For leaving	May we contact this Employer YES <input type="checkbox"/> NO <input type="checkbox"/>

WORK EXPERIENCE / REFERENCES

Employer	From
Address	To
Job title	Hours / Week
Specific Duties (Max 350 Characters)	Last Salary
	Supervisor
Reason For leaving	May we contact this Employer YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL REFERENCES

Name	Phone #
Address	
Name	Phone #
Address	
Name	Phone #
Address	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered grounds for dismissal.

Signature of Applicant _____

Please make a lesson plan for a Beginner Girls Recreation class!

Warm Up

Vault

Bars

Beam

Floor

