



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.

Complete this Application for Employment to the best of your ability.
Please submit a resume with this application.

LAST NAME	FIRST NAME	MI	TODAY'S DATE
STREET ADDRESS			PHONE (HOME)
CITY, STATE, ZIP			PHONE (CELL)
POSITION DESIRED	DATE YOU CAN START		EMAIL ADDRESS
EXPECTED COMPENSATION			

ARE YOU 18 YEARS OR OLDER? YES NO

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US OR WORKED FOR US? IF YES, WHAT POSITION AND WHEN? YES NO

WERE YOU REFERRED TO US? IF SO, WHO REFERRED YOU? YES NO

Please put an "X" in the boxes of time you will be available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> 8:30am -12:30pm	<input type="checkbox"/> 8:30am -12:30pm	<input type="checkbox"/> 8:30am -12:30pm	<input type="checkbox"/> 8:30am -12:30pm	<input type="checkbox"/> 8:30am -12:30pm	<input type="checkbox"/> 8:30am -12:30pm	<input type="checkbox"/> 8:30am -12:30pm
<input type="checkbox"/> 12:30 - 3:30pm	<input type="checkbox"/> 12:30 - 3:30pm	<input type="checkbox"/> 12:30 - 3:30pm	<input type="checkbox"/> 12:30 - 3:30pm	<input type="checkbox"/> 12:30 - 3:30pm	<input type="checkbox"/> 12:30 - 3:30pm	<input type="checkbox"/> 12:30 - 3:30pm
<input type="checkbox"/> 3:30 - 9:00pm	<input type="checkbox"/> 3:30 - 9:00pm	<input type="checkbox"/> 3:30 - 9:00pm	<input type="checkbox"/> 3:30 - 9:00pm	<input type="checkbox"/> 3:30 - 9:00pm	<input type="checkbox"/> 3:30 - 9:00pm	<input type="checkbox"/> 3:30 - 9:00pm
<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____

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. YES NO

DO YOU HAVE ANY SPECIAL TRAINING OR SKILLS (languages, licenses, accreditations, etc.)?

Federal Fingerprint Card CPR Certified First Aid University Courses Through USAG Safety Certification

Other (please specify)

	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DEGREE &/OR COURSES STUDIED
HIGH SCHOOL			
COLLEGE, TRADE SCHOOL			

PLEASE MARK THE PROGRAMS THAT YOU ARE INTERESTED IN:

<input type="checkbox"/> Recreational Gymnastics	<input type="checkbox"/> Developmental	<input type="checkbox"/> SUPERCAMP	<input type="checkbox"/> Sunrays Support Staff
<input type="checkbox"/> Preschool Gymnastics	<input type="checkbox"/> Dance	<input type="checkbox"/> Special Events	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> NinjaZone	<input type="checkbox"/> Tumbling & Trampoline	<input type="checkbox"/> Front Office	<input type="checkbox"/> Cafe

Employment History

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE
ADDRESS	DATES OF EMPLOYMENT	
JOB TITLE & RESPONSIBILITIES	REASON FOR LEAVING	
Can we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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ADDRESS	DATES OF EMPLOYMENT	
JOB TITLE & RESPONSIBILITIES	REASON FOR LEAVING	
Can we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		

COMPANY NAME	NAME OF SUPERVISOR	TELEPHONE
ADDRESS	DATES OF EMPLOYMENT	
JOB TITLE & RESPONSIBILITIES	REASON FOR LEAVING	
Can we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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 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 any time, 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 _____



Pre-Interview Survey

Applicant's Name: _____

1. Why are you choosing Sunrays over another gymnastics and/or dance facility?

2. What makes you awesome?

3. Tell us the silliest thing you have ever done?

4. Explain a time when you realized you were "in the wrong" and how you dealt with that situation. If necessary, also explain how you might deal with that situation differently today.

Please list two references we may contact who are NOT related to you.

A email survey will be sent to your references within a week.
Surveys must be completed prior to attending an interview!

Name*:

Relationship to Applicant*:

EMAIL*:

Name*:

Relationship to Applicant*:

EMAIL*:

*Required

Return your completed application with your resume attached to the emails listed:
Kenzie@arizonasunrays.com or Office@arizonasunrays.com



Applicant Availability

Office • 15801 N. 32nd St. Phoenix, Arizona 85032
www.ArizonaSunrays.com • 602.992.5790 tel

Locations:

Arcadia
40th St & Indian School

Phoenix
32nd St & Greenway

Personal Information

Name (Last)	(First)	(Middle)
Cell Phone Number () -	Email Address	

**Common shifts are Monday - Friday 9:00 am - 12:00 pm & 3:30 pm - 9:00 pm
Saturday 8:30 am - 1:30pm**

Please view our website @ Arizonasunrays for exact hours by location

Hours Available Each Day: Please include all details of your availability

	FALL Aug - Dec	SPRING Jan - May	SUMMER June - July
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

PLEASE INITIAL:

- I am required to work 2 or more shifts.
- I am required to have 2 or more evening or weekend shifts.
- I intend to be apart of the Arizona Sunrays Family for 1 year or more.
- I recognize I could be assigned a shift in either location.

Applicant's Commitment to Hours

Arizona Sunrays is committed to providing the best possible learning environment for all of our clients. Accordingly, we ask Instructors to work consistent shifts for an entire season. We expect that no Instructor misses more than 3 shifts in a "staffing season". This means no more than 3 Tuesdays if you accept a Tuesday shift. Dismissal may occur if more than 3 shifts are missed. *Summer season - No more than 2 shifts may be missed.

We will request your availability each staffing season. The overall goal is to offer consistency to our classes and keep people on their current shifts. If you need to move days and time in the new staffing season, please know the commitment you are giving us as nights and weekends are required for each staffing season, not just this one.

I have read and understand these expectations: _____