



6679 Santa Barbara Road, Suite K
 Elkridge, MD 21075
 1-888-737-2221
 Fax: 410-579-8887
www.spiritunlimited.com

Competition Staff Application

Personal Information

Name:			
Address:			
City:	State:	Zip:	
Home Phone:			
Work Phone:			
Cell Phone:			
E-mail Address (this is a MUST!):			
Social Security Number:			
Are you legally eligible for employment in the USA?		Yes	No
Are you of legal age to work?		Yes	No
Have you been previously employed by Spirit Unlimited?		Yes	No If yes, when?
Please indicate the position you are applying for:			
Are there any other experiences, skills or qualifications that will be of special benefit in the job for which you are applying?			

Education Information

School	Name of School(s) & Address(es)	Course of Study	Last Year(s) Completed	Did you graduate?	List Diploma or Degree
High School				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

Current / Previous Employment Information

Current Employer:		
Address:		
City :	State:	Zip:
Phone:		
Period Employed _____ (month), 20____ (year) TO _____ (month), 20____ (year)		
Job Title / Position Held:		
Job Requirements / Duties:		
Supervisor's Name:		
Supervisor's Title:		
Supervisor's Contact Phone Number:		

Employer:		
Address:		
City:	State:	Zip:
Phone:		
Period Employed _____ (month), 20____ (year) TO _____ (month), 20____ (year)		
Job Title / Position Held:		
Job Requirements / Duties:		
Supervisor's Name:		
Supervisor's Title:		
Supervisor's Contact Phone Number:		

Employer:		
Address:		
City:	State:	Zip:
Phone:		
Period Employed _____ (month), 20____ (year) TO _____ (month), 20____ (year)		
Job Title / Position Held:		
Job Requirements / Duties:		
Supervisor's Name:		
Supervisor's Title:		
Supervisor's Contact Phone Number:		

Personal Experience – Cheer, Dance & Gymnastics

Please list your personal cheerleading experience – if any (List each team individually):

Team / Organization / Studio / Gym Name _____
Please Circle: **Cheer** **Dance** **Gymnastics**
Please Circle: **Private Gym** **Studio** **Youth** **Middle School** **High School** **All-Star** **College** **Professional**
Month/Years _____ Total Number of Years with Team _____
Special Personal Awards or Honors _____
Special Team Awards or Titles (For example, State Champions, etc.) _____

Team / Organization / Studio / Gym Name _____
Please Circle: **Cheer** **Dance** **Gymnastics**
Please Circle: **Private Gym** **Studio** **Youth** **Middle School** **High School** **All-Star** **College** **Professional**
Month/Years _____ Total Number of Years with Team _____
Special Personal Awards or Honors _____
Special Team Awards or Titles (For example, State Champions, etc.) _____

Team / Organization / Studio / Gym Name _____
Please Circle: **Cheer** **Dance** **Gymnastics**
Please Circle: **Private Gym** **Studio** **Youth** **Middle School** **High School** **All-Star** **College** **Professional**
Month/Years _____ Total Number of Years with Team _____
Special Personal Awards or Honors _____
Special Team Awards or Titles (For example, State Champions, etc.) _____

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The facts set forth in my application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment. I understand and agree that my employment is at-will and can be terminated by either party with without notice, at any time, for any reason or no reason. No one other than an officer of the company has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing and then only in writing signed by an officer.

By this signing you are authorizing Spirit Unlimited to conduct a background investigation and check all references.

Signature of Applicant

Applicants are considered for all positions, and employees are treated during employment without regard to race, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

Date _____

Referral Source: ___Advertisement ___Friend ___Relative ___Employment Agency ___Walk in ___Other