



LIMITBREAKERS, LLC.

Equal Opportunity Employer

Application for Employment

Date: _____

Person Information

Name (last first middle)

Social Security No.

Phone No.

Email: _____

Present Address

Street: _____ City: _____ State: _____ Zip Code: _____

Permanent Address

Street: _____ City: _____ State: _____ Zip Code: _____

How did you hear about us?

Employment Desired

Position: _____ Part-Time Full-Time

Date You Can Start: _____

Desired Hours Per Week: _____

Desired Pay: _____

Are you currently employed? Y N If so, may we contact your current employer? Y N

Are you legally eligible to work in the United States? Y N

Have you been convicted of a crime that has not been expunged by the court, other than minor traffic offense (including child abuse or sex relate crimes)? Y N If yes, provide details _____



Education

	Name & Location of School	Years Attended	Did you Graduate?	Area of Study
Grammar School				
High School				
College				
Trade or Business School				

Check any areas you are certified in:

- USAG Safety CPR Certified First Aid Certified

Any other certifications? _____

Work Availability

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays

Occasionally, you may be asked to stay late, leave early or come in on an off day. Do you foresee this as being an issue at all? _____

Do you expect to work here for at least a year? _____



Employment History

1. Company _____ Job Title _____
Address _____
Phone Number _____ Supervisor _____
Salary ____ From _____ to _____
Reason for Leaving _____
May we contact for a reference? YES NO

2. Company _____ Job Title _____
Address _____
Phone Number _____ Supervisor _____
Salary ____ From _____ to _____
Reason for Leaving _____
May we contact for a reference? YES NO

3. Company _____ Job Title _____
Address _____
Phone Number _____ Supervisor _____
Salary ____ From _____ to _____
Reason for Leaving _____
May we contact for a reference? YES NO

Please list any additional experience working with children _____



- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
- I understand Limitbreakers, LLC. reserves the right to require me to submit to a drug/alcohol test prior to employment and at any time during my employment, to the extent permitted by law.
- I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing the same to you.
- I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.
- Realizing this is a business of children, I understand that by signing this I am allowing Limitbreakers, LLC to perform various background checks.

Signature _____ Date _____



Name of Applicant: _____

Please answer the following question: "What did you like and dislike about your last job?"

List 3 of qualities you think a coach should have and why? (short explanation)

What is the primary reason you want to be employed at Limitbreakers?

Name 2 (or more) people who have had an impact on your values and beliefs and why?



Would your previous employer say you are consistently on time? YES NO

Please Explain: _____

Would your previous employer say that your attendance was:
 Excellent Good Fair Poor

Would those who know you best say your word can be trusted? YES NO

Why or why not? _____

Have you ever experienced a loss for doing what is right? YES NO

Please Explain: _____

Would your previous employer say you are good at following instructions? YES NO

Please Explain: _____

Would your past supervisors say you get angry?
 Never Rarely Sometimes Often

What causes you to get upset on the job? _____

Have you ever asked for forgiveness for doing wrong? YES NO

Please Explain: _____

Do you use alcohol or illegal drugs? YES NO

Please Explain: _____

Would you have difficulty taking a drug/alcohol test at any time if required by your supervisor?

YES NO

If yes, Please Explain: _____

Please check three areas you are weakest.

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Contentment | <input type="checkbox"/> Diligence | <input type="checkbox"/> Dependability |
| <input type="checkbox"/> Integrity | <input type="checkbox"/> Loyalty | <input type="checkbox"/> Meekness |
| <input type="checkbox"/> Forgiveness | <input type="checkbox"/> Orderliness | <input type="checkbox"/> Punctuality |
| <input type="checkbox"/> Truthfulness | <input type="checkbox"/> Obedience | <input type="checkbox"/> Self Control |
| <input type="checkbox"/> Creativeness | | |

Please check three areas you are strongest.

- | | | |
|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Contentment | <input type="checkbox"/> Integrity | <input type="checkbox"/> Forgiveness |
|--------------------------------------|------------------------------------|--------------------------------------|



- Truthfulness
- Diligence
- Loyalty
- Creativeness

- Orderliness
- Obedience
- Dependability

- Meekness
- Punctuality
- Self Control

What are your goals?

How will this job help you achieve your goals?
