



Employment Application 2026

2341 Entrada Del Sol, Las Cruces, NM 88001

Ph: 575.523.1616 Fax: 575.523.6162

Date Received: ___/___/___

Three Character References Required for Employment

To be hired at Gym Magic Kids you are required to supply three professional references that attest to your suitability for employment at this facility. **References must be completed** before the hiring process can begin. Please see the attached information for instructions.

PERSONAL INFORMATION

Full Name: _____ Email: _____

Street Address _____ City/State: _____

Zip Code: _____ Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Are you 18 years or older? Yes No If No, enter your age: _____ DOB ___/___/___

Have you been convicted of anything other than a traffic violation? Yes No If Yes, explain below:

POSITION & AVAILABILITY

Which positions are you interested in applying for (mark all that apply).

- | | | |
|---|---|---|
| <input type="checkbox"/> Gymnastics Instructor | <input type="checkbox"/> Leader in Training | <input type="checkbox"/> Department Leader |
| <input type="checkbox"/> Swimming Instructor | <input type="checkbox"/> Birthday Party Team | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> Ninja Zone Instructor | <input type="checkbox"/> Marketing | <input type="checkbox"/> Team Coach |
| <input type="checkbox"/> Camp Instructor | <input type="checkbox"/> Human Resources & Accounting | <input type="checkbox"/> ECDC Director |
| <input type="checkbox"/> PreK Lead Teacher | <input type="checkbox"/> Administrative Sales Desk | <input type="checkbox"/> AG Preschool Teacher |
| <input type="checkbox"/> PreK Assistant Teacher | <input type="checkbox"/> After School Age Teacher | <input type="checkbox"/> AG Assistant Teacher |
| <input type="checkbox"/> PreK Floater | <input type="checkbox"/> Educational Coordinator | <input type="checkbox"/> AG Floater |

How did you hear about us? _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Work Availability							

Pay range expected: _____ Part Time Full Time Summer Only Other _____

Available Start Date: ___/___/___ Do you have a reliable mode of transportation? Yes No



EDUCATION INFORMATION

Have you graduated from high school? Yes No If No, do you have your GED? Yes No

Which high school did you graduate from? N/A _____

City and State of high school: _____ Graduation Date: ____ / ____ / ____

Describe any honors, apprenticeships, extracurricular activities, post graduate education or special training you were/are involved in: _____

Have you graduated from college? Yes No If No, are you currently enrolled Yes No

What degree are you pursuing or attained? N/A _____

Which college did you attend or are attending? N/A _____

City and State of college: _____ Graduation Date: ____ / ____ / ____

Describe any honors, apprenticeships, extracurricular activities, post graduate education or special training you were/are involved in: _____

EMPLOYMENT HISTORY (most recent first)

Company #1: _____ Position: _____ Address: _____

Start Date: ____ / ____ / ____ End Date ____ / ____ / ____ Currently Employed

Starting Wage: \$ _____ Final Wage: \$ _____ Reason for leaving: _____

Supervisor's Name: _____ Phone: ____ - ____ - ____

Company #2: _____ Position: _____ Address: _____

Start Date: ____ / ____ / ____ End Date ____ / ____ / ____ Currently Employed

Starting Wage: \$ _____ Final Wage: \$ _____ Reason for leaving: _____

Supervisor's Name: _____ Phone: ____ - ____ - ____

Company #3: _____ Position: _____ Address: _____

Start Date: ____ / ____ / ____ End Date ____ / ____ / ____ Currently Employed

Starting Wage: \$ _____ Final Wage: \$ _____ Reason for leaving: _____

Supervisor's Name: _____ Phone: ____ - ____ - ____



AUTHORIZATIONS

UNDERSTANDING & AGREEMENT

I certify that the statements given on this application or during an interview are true and complete and I authorize investigation of the same with the exception of contacting my current employer if I have so requested in this document. **I have read and agree with the above statement.** Initial here _____.

I understand that if I am hired that any false, incomplete or misleading information given here in or during an interview shall result in immediate termination. **I have read and agree with the above statement.** Initial here _____.

I authorize the references given on this application and during any interview to give to representatives of Gym Magic Kids any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and I release all parties from any and all liability from any damage that may result. **I have read and agree with the above statement.** Initial here _____.

I understand that if I am hired, my continued employment is contingent upon my successful performance during a new hire period of 90 days. **I have read and agree with the above statement.** Initial here _____.

I understand that if I am hired, my ongoing employment will be AT WILL, meaning employment may be terminated by either party at any time with or without reason and with or without notice. I further understand that this AT WILL agreement cannot be changed in any way except through a written understanding signed by the company president. I have read and agree with the above statement. Initial here _____.

Signature: _____ Date: ____/____/____

Gym Magic Kids is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, gender, marital status, sexual orientation, religion, national origin, age, veteran status, disability, or any other basis prohibited by local, state and federal law.

BACKGROUND CHECK

Gym Magic Kids number one concern is to provide a safe and happy environment for its students. Please know Gym Magic Kids performs background checks (that must include fingerprints) on all employees.

I understand and agree that the company will administer background checks on me and that initial and continued employment is conditional based on the results of these checks.

Signature: _____ Date: ____/____/____

PHYSICAL REQUIREMENTS

At Gym Magic Kids teaching physical education skills to children or generally supervising children in a physical environment sometimes requires quick or unexpected movements including lifting or catching (“spotting”) children weighing up to 150 lbs or more. Additionally, teaching positions also often require lifting and adjusting heavy sports apparatus. Job positions in the concession and store require unloading and lifting heavy boxes weighing as much as 50 lbs or more. Facility cleaning/maintenance positions require loading/unloading and maneuvering ladders and heavy boxes and heavy equipment weighing as much as 100 lbs or more.

Please indicate below if you have any current or past conditions which might keep you from safely performing the physical requirements of the position(s) for which you are applying. _____

Yes, I am able to perform the physical requirements of the position(s) for which I applied without jeopardizing my safety or the safety of Gym Magic Kid’s students, clients, guests, coworkers or others.



Gym Magic Inc. General Waiver

Assumption of Risk, Waiver of Liability, & Medical Authorization

Adult or Guardian Participant

1st Adult: _____

Phone: _____ Email: _____

2nd Adult: _____

Phone: _____ Email: _____

3rd Adult: _____

Phone: _____ Email: _____

Children Associated with Waiver

1st Child: _____

Age: _____ D.O.B.: _____

2nd Child: _____

Age: _____ D.O.B.: _____

3rd Child: _____

Age: _____ D.O.B.: _____

As the legal guardian of _____, _____, _____ or as an adult participant _____, _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to all of Gym Magic Inc. programs. In addition, swimming or any activity in or around water can result in brain damage or drowning. I am also aware that participation in day camps/preschool involves transportation to and from various field trips and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Gym Magic Inc. programs, camps and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child or myself to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Gym Magic, Inc., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child or myself while under the instruction, supervision, or control of Gym Magic Inc., without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above-mentioned child or myself to be taken to a hospital for medical treatment and I hold Gym Magic Inc., and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for 100 % of future medical expenses, which may be incurred by my child or myself as a result of any injury sustained while participating at or for Gym Magic Inc.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement. I further understand the risk of exposure to injury and/or infectious diseases, for myself and my child, as a participant, spectator at events, classes or our presence at the facility.

By my attendance in any activities and/or events, I am granting my permission for my child and myself to be filmed, audio taped, or photographed by any means and am granting full use of our likeness, voice, and words without compensation.

Please read and Initial below:

- _____ 1. Anyone entering the gym MUST have a signed waiver on file.
- _____ 2. There are no foods or drinks allowed in the gym area except for bottled water.
- _____ 3. Please be aware that most surfaces in the gym area are not solid. They are padded, bouncy, cushy, and movable. Move through the gym carefully due to uneven surfaces.
- _____ 4. No shoes on trampoline or tumble track.
- _____ 5. Be aware of others in the gym. "SAFETY FIRST"
- _____ 6. Insurance prohibits anyone but GYM MAGIC STAFF to spot in our gym.

Parent, Legal Guardian and or Participant signature

Print: _____

Sign: _____ **Date:** _____



Character Reference Page

2341 Entrada Del Sol, Las Cruces, NM 88001

Ph: 575.523.1616 Fax: 575.523.6162 Office@gymmagic.com

This letter is in reference to _____, who is applying for employment at Gym Magic Kids.

Gym Magic employees work with and around children. Therefore, in order to be considered for employment at Gym Magic Kids, all applicants are required to supply three written character references to help our company accurately assess each applicant's suitability for employment. You are requested to please complete and return this form to the address listed above. Time is of the essence. Confidentiality is assured.

1) How long have you known the applicant? _____

2) Describe your association/relationship with the applicant (supervisor, coworker, relative, friend, etc).

(Relatives and friends will be given the lowest weight compared to work related relationships)

3) Do you have any reason to suspect that the applicant is not suited to work with or around children?

Yes No If Yes, please explain: _____

4) To the best of your knowledge, has this person ever been convicted of or plead guilty to child abuse, any violent crimes or had a child removed from their home pursuant to the laws of New Mexico?

Yes No

5) To the best of your knowledge, has the applicant ever been dismissed or been asked to resign from a position because of failure to carry out responsibilities? Yes No

6) Please attach a summarized opinion of this applicant's character, in particular, their suitability to work with or around children.

Signature: _____ Date: ____ / ____ / ____

Name (Print): _____ Address: _____

Phone: _____ - _____ - _____ Email: _____



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