

AIM USA INC. 2817 Valley Springs Rd. Powhatan, VA 23139

A publicly supported nonprofit organization

Telephone (804) 372-3331 Email - infoaimusa@gmail.com Web - www.aimusainc.com

Dear Applicant:

Thank you for your interest in a position with our company. AIM provides programs on a weekly basis throughout the year. Approximately 3-4 classes are taught per evening. Each class is 40-50 minutes in length. Students are placed into classes according to their age and ability.

All children from the community are invited to participate. This a low cost program. In order to provide programs to the entire community, AIM offers the option to pay on a weekly basis or pre-pay for the entire course.

Please fill out the enclosed material and return either by email or regular mail to the above addresses. If you have any questions please do not hesitate to contact us.

Sincerely,

AIM USA INC.



ATHLETES IN MOTION

(AN EQUAL OPPORTUNITY EMPLOYER)

APPLICATION FOR EMPLOYMENT CHEER-DANCE-TUMBLING

(PLEASE PRINT PLAINLY)

*PERSONAL INFORMATION *

Date of application:	20						
Name							
Last	First		Middle				
Address							
Street	City		Stat	e	Zi	р	
Phone number: Home	Work			Other			
Social Security No			Are you kn	own by any o	other name	. D Yes	□No
Position applied for		When can y	ou start?				
Are you legally eligible for employment	t in the USA? D Yes	No Are	you eighteen	years or	older?	□Yes	□No
Are you presently employed? Yes	If yes,	may we contact	your present	employer?		No	
Have you ever been denied bond?	es 🗖 No If yes, please	state reason?					

DUE TO THE WORKING RELATIONSHIP WITH YOUNG CHILDREN AND LIABILITY EXPOSURE TO ATHLETES IN MOTION, THESE QUESTIONS MUST BE ASKED AND ANSWERED.

Have you ever been convicted of or charged with: rape, sexual assault, sexual molestation, child molestation, or any other sexual, morals or related offenses? \Box Yes \Box No			
If yes, explain:			
Aside from the above, have you been convicted of a felony within the past 7 years? \Box Yes \Box No If yes, explain:			
Do you have a valid driver's license? Yes No StateDrivers license number:			
Has your driver's license been suspended or revoked within the past 7 years? Yes No			
If yes, please explain:			

Do you have a drinking problem or any addiction or c	dependence on drugs? Yes No		
If yes, explain:			
Have you ever sought treatment for an alcohol or drug	g related problem? Yes No		
If yes, explain:			
Do you regularly take any prescription drugs or other	medications that may affect you during work? The Yes The No		
If yes, what is the medication and reason for taking it	?		
In case of an emergency, do you have any ailments or	r medical information that doctors should be notified of? \Box Yes \Box No		
If yes, please state reason:			
In case of an emergency contact: (Name)			
(Phone)	(Relationship)		
HIGH SCHOOL	* EDUCATION *		
School name and address			
Highest grade completed	Year graduated		
COLLEGE / UNIVERSITY			
School name and address			
Highest year completed	Year graduated		
Diploma / Degree describe course of study			
TRADE / BUSINESS			
School name and address			
Highest year completed	Year graduated		
Diploma / Degree describe course of study			

* EMPLOYMENT EXPERIENCE *

LIST LAST FOUR EMPLOYERS, NAMING MOST RECENT JOB FIRST

Employed from	_to
Employer name	
Employer address	
Employer phone number	
Salary	_position
Reason for leaving	
Employed from	_to
Employer name	
Employer address	
Employer phone number	
Salary	_position
Reason for leaving	
Employed from	_to
	_to
Employer name	
Employer name Employer address	
Employer name Employer address Employer phone number	
Employer name Employer address Employer phone number	position
Employer name Employer address Employer phone number Salary	position
Employer name Employer address Employer phone number Salary Reason for leaving	position
Employer name Employer address Employer phone number Salary Reason for leaving	position
Employer name	position
Employer name	position
Employer name Employer address Employer phone number Salary Reason for leaving Employed from Employer name Employer address Employer phone number	position

* REFERENCES *

Please list three professional references.

Full Name:	Relationship:			
Company:	Phone: ()			
Full Name:	Relationship:			
Company:	Phone:)			
Full Name:	Relationship:			
Company:	Phone: ()			
	* GENERAL INFORMATION *			
What is your present wo	or school schedule? (Specify beginning and ending time each day including weekends)			
Monday				
	finished with work or school each day?			
	s from around 5:00 pm - 8:30 pm or Saturday mornings. What days and times are you available to teach?			
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
	drive?			
Auto make	YearLicense plate numberState			
Do you own or have acc	s to a computer? Types No			
Do you have internet access? The No If yes please provide e mail address?				
Do you have experience working with Microsoft Office / Excel? \Q Yes \Q No				
If yes, explain:				

* DANCE / CHEER / TUMBLING INFORMATION *

Have you ever owned a dance / cheer / tumbling st	udio? 🛛 Yes 🛛 No		
If yes, explain:			
What styles of dance / cheer / tumbling have you st	tudied and how many years.		
Are you training presently? Yes No			
If yes where and how frequently?			
* LIST AL	LL TEACHING EXPER	RIENCE*	
Organization name /private		dates from	to
Location			
Age/rank of students			
Organization name /private		dates from	to
Location			
Age/rank of students	Size of classes		
Organization name /private		dates from	to
Location			
Age/rank of students			
List any achievements you have in dance / cheer / t	tumbling, other sports, academics	or any charities that you h	ave participated in.
	, •		and har nother and mu
Foreign languages?			

Explain briefly why you feel you would benefit our organization. List any experience, skills, or qualifications you believe would especially fit you for employment with athletes in motion?

* CERTIFICATIONS *

All information given by me herein is true. False or misleading information (misrepresentation or omission of information called for) is a basis for non hire or dismissal.

I authorize ATHLETES IN MOTION to make such inquiries of my personal, employment, financial history or other related matters as may be necessary in arriving at an employment decision. I hereby authorize employers, schools, credit data organizations, law enforcement agencies, courts or other persons to give ATHLETES IN MOTION all such information and I release ATHLETES IN MOTION from all liability in responding to inquiries in connection with my application.

Employment is of an at-will relationship. I understand that if employed, my employment will be of no specific duration and is terminable at any time by me or ATHLETES IN MOTION for any reason.

I understand that ATHLETES IN MOTION has policies regarding drug testing and honesty. I agree to participate in any such test, screen, inspection, or investigation (including property search) regarding problems about intoxicants and / or honesty.

Date

Signature of Applicant

***** PLEASE DO NOT WRITE BELOW THIS LINE *****

Interviewed by	_Date
Comments	

Date Hired_____Position _____

Starting Wage _____



UNDERSTANDING AND REQUIREMENTS

There is certain information about Athletes In Motion, LLC. that you must read and consider before entering the employment process. The information contained is very important to you. Therefore, be sure to read all the information before filling out an employment application.

There are certain requirements and certain documents for you to sign. Please read them carefully.

Athletes In Motion, LLC. is very proud of its reputation and also protective of its artful and original techniques in marketing, instruction and operations. Its success is largely due to its unique methods. For example, A.I.M. has copyrighted its marketing techniques and therefore, it is protected as confidential and proprietary information.

Also, due to the young clientele of Athletes In Motion, LLC. the difficulty of obtaining adequate insurance at a reasonable cost, and the legal liability facing Athletes In Motion, LLC., we need to make sure of the qualifications and integrity of its instructors and other personnel.

Anyone wishing to become employed by Athletes In Motion, LLC. shall be required to sign an Agreement which contains a confidentiality nondisclosure provision and a non-competition / non-solicitation provision. Applicants shall also be required to provide specific background information and sign an authorization for it.

IF YOU CANNOT ACCEPT THE REQUIREMENTS OR DO NOT WISH TO SIGN AN AGREEMENT AND THE OTHER DOCUMENTS THEN YOU SHOULD NOT CONSIDER EMPLOYMENT WITH US

STATEMENT OF UNDERSTANDING

If you wish to work for Athletes In Motion, LLC., you will be asked to sign this Statement of Understanding. So, please read it carefully. If you have any questions, please ask them before signing.

1. Instructors receive special training and guidance in instructional methods, procedures, and systems, and are placed in position of trust and confidence with regard to the confidential information, or use it without Athletes In Motion, LLC. express written permission. Because of the fiduciary relationship established when Athletes In Motion, LLC. imparts the confidential information and teaches, trains, and establishes the instructor in Athletes In Motion, LLC. business operations, the instructor agrees to use the information only on behalf of, and for the exclusive benefit of Athletes In Motion, LLC.

2. Athletes In Motion, LLC. believes in what the law calls the "Employment-at-Will" relationship with all of its personnel. That means that the personnel do not have any specific duration of employment, whether they sign an employment agreement or otherwise. As such, they can quit at any time for any reason, with or without notice. This provision has no effect upon the confidentiality/nondisclosure and non-competition / non-solicitation provision, which continues after employment for a period of time.

3. Due to the sensitivity of the instructor position and the working relationship with elementary and other school children, it is imperative that Athletes In Motion, LLC. know as much about your background as possible. This is a requirement by the insurance companies. It is also necessary in order to curtail any legal liability. Therefore, instructors agree to provide Athletes In Motion, LLC. with authorization to investigate police, driving, credit, and previous employment records. With regard to credit records, instructors will be advised of the information obtained, as required by law.

I have read the Statement of Understandings and agree with the stated items.

READ, UNDERSTOOD AND AGREED;

Signature

Printed Name

Date



ATHLETES IN MOTION, LLC. DRUG AND ALCOHOL POLICY

PURPOSE OF POLICY

In keeping with federal and state laws, regulations, and public policy, which urge employers to maintain drug-free workplaces, it is the desire and intention of ATHLETES IN MOTION, LLC., to institute a substance abuse policy and program. The purpose is to maintain a safe and healthy environment for all employees and students; to ensure the reputation of the company and its employees within the community and industry; to reduce the number of accidental injuries to persons or property; to reduce absenteeism and tardiness; to improve productivity; and comply with insurance regulations

POLICY

Compliance with this policy is a condition of hiring and of continued employment.

A. The use, possession, manufacture, distribution, or dispensation of illicit drugs and/or being under the influence of alcohol, controlled substances or non-prescription drugs during working hours is prohibited.

B. Any use of alcohol or drugs during non-working hours which may affect an employee's ability to operate a vehicle or perform his or her job is prohibited.

C. The sale, possession, transfer, or purchase of illicit drugs during working hours or while performing ATHLETES IN MOTION, LLC. business is prohibited.

D. The use, sale or unauthorized possession of alcoholic beverages on premises used by ATHLETES IN MOTION, LLC. during working hours or while performing ATHLETES IN MOTION, LLC., business is prohibited.

E. Discipline, up to and including termination will be administered for the violation of this policy. Violations may also be reported to appropriate law enforcement officials.

DRUG AND ALCOHOL TESTING

All drug and alcohol testing will be performed in conformance with applicable law.

A. Drug and alcohol testing will be used in the following circumstances:

1. Applicants for employment may be required to take a drug and/or alcohol test prior to an employment offer. If the presence of alcohol or an illegal drug is detected, the applicant will not be employed. However, upon appropriate and timely written notice by the applicant, an independent evaluation of the test results will be conducted; the costs of which will be paid by the applicant.

2. Following a work-related injury accident, which is of a suspicious nature, an employee may be tested. A positive test may result in termination and Athletes In Motion, LLC. will deny the work-related liability if the employee was working under the influence of drugs or alcohol. However, upon appropriate and timely written notice by the employee, an independent evaluation of the test results will be conducted; the costs of which will be paid by Athletes In Motion, LLC.

3. In cases in which an employee is acting in an abnormal manner and/or Athletes In Motion, LLC. has suspicion to believe that the employee is under the influence of controlled substances and/or alcohol, the employee (In the presence of an Athletes In Motion, LLC. supervisor; if possible) may be required to go to a medical lab or clinic to provide urine, blood, or other samples or specimens (hereinafter referred to as "specimen") for laboratory testing. Probable suspicion means suspicion based on specific personal observations that the Athletes In Motion, LLC. representative can describe concerning the appearance, behavior, speech, breath odor of the employee, etc. Upon request, the employee will sign consent and release form authorizing the clinic to obtain a specimen and release the results of the laboratory testing to Athletes In Motion, LLC.. Athletes In Motion, LLC. will pay testing costs in this instance

4. Random testing may be utilized at any time during employment and means a system of drug testing imposed without individual suspicion that a particular individual is using illegal drugs, and may be either be:

a. Uniform-unannounced testing of testing designated employees occupying a specified area, element or position; or

b. A statistically random sampling of such employees based on a neutral criterion, such as social security number. Athletes In Motion, LLC. will pay testing costs in these instances

B. Within three working days after receipt of a positive drug-alcohol test report, an applicant or employee may submit information to the President of Athletes In Motion, LLC. to explain the positive test results. If the explanation is acceptable, the test report

will be treated as if it has been negative. Likewise, follow-up or re-testing may be requested in the event there is question or concern about the specimen.

C. A documented chain of specimen custody is intended to ensure the identity and integrity of the specimen throughout the testing process.

D. A refusal to cooperate in the procedure and/or to provide a specimen will constitute insubordination and/or a presumption of intoxication and/or controlled substance abuse and the employee will be subject to discharge.

CORRECTIVE ACTION FOR EMPLOYEES

A. The first positive test that shows the presence of illegal drugs or alcohol abuse may result in the following action:

1. Discipline (including discharge), as set forth above; or in the alternative;

2. Referral to EAP or other approved rehabilitative program; and/or

3. Disability leave for rehabilitation, if approved by an appropriate medical professional; and/or

4. Continued participation in all aspects of rehabilitation program.

B. The second positive test for the presence of illegal drugs or alcohol abuse within two years of a positive test will result in termination.

C. Within 30 days after receiving notice of an employee conviction for workplace drug abuse, Athletes In Motion, LLC. will impose discipline, up to and including a discharge, or require the employee to satisfactorily participate in a drug abuse assistance or rehabilitation program.

CONFIDENTIALITY

Medical examinations, drug or alcohol test results, counseling and treatment information regarding applicants or employees may only be disclosed to the appropriate management and official or President.

NOTIFICATION

All employees have now been notified, in writing that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace.

All employees will sign a statement acknowledging this policy, accepting it as a condition of employment, and agreeing to notify ATHLETES IN MOTION, LLC. of any criminal drug statute conviction for a violation occurring at a workplace no later than five days after such conviction.

Applicants for employment have now been notified, in writing, of the drug testing requirements of the policy.

AWARENESS PROGRAM

There is little debate that drugs and alcohol can and do impair ability and judgment. In fact, research indicates that in the case or marijuana, impairment may continue to be present 24 hours after consumption of the drug and long after the user is aware of any effects. Recent statistics clearly establish that drug and alcohol use, both before and during work, has created a major concern to our society and, more specifically, to the employer. In connection therewith, safe from drugs, alcohol, and possible abuse, ATHLETES IN MOTION, LLC. submits the following information as part of the awareness and rehabilitation program.

What is a drug? A drug is any chemical substance that produces physical, mental, emotional or behavioral change in the user. Illegal drugs means a controlled substance included in Schedule I or II, as defined by section 802 (6) of title 21 of the United States Code, the possession of which is unlawful under chapter 13 of that Title. The term "illegal drugs" does not mean the use of a controlled substance pursuant to a valid prescription or other uses authorized by law.

ATHLETES IN MOTION, LLC. DRUG AND ALCOHOL TESTING WAIVER FORM

I hereby give my voluntary consent for ATHLETES IN MOTION, LLC. to collect breath, blood and/or urine specimens from me for testing for alcohol, drugs and controlled substances of whatsoever nature including, but not limited to, those substances pursuant to the Federal Controlled Substances Act.

I also give my consent for the release of the test results to ATHLETES IN MOTION, LLC. for its use.

I understand the results will be used consistent with ATHLETES IN MOTION, LLC. Policy regarding employee use of alcohol and/or unauthorized drugs as defined in the ATHLETES IN MOTION, LLC. Drug and Alcohol Policy, a copy of which I have reviewed and understood, and I have signed below as an indication of my understanding and acceptance thereof and its waiver.

Employee Name (Print)

Employee Signature

Date

Witness Name (Print)

Witness Signature

Date