



**AIM USA INC.**  
2434 New Dorset Circle  
Powhatan, VA. 23139

*A publicly supported nonprofit organization*

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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 minutes in length. Students are placed into classes according to their age and ability.

All children from the community are invited to participate. Cost of the program is \$6 per lesson. 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 enclosed material and return to the above address. 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

### MARTIAL ARTS

(PLEASE PRINT PLAINLY)

#### ★ PERSONAL INFORMATION ★

Date of application: \_\_\_\_\_ 20\_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Social Security No. \_\_\_\_\_ Are you known by any other name.  Yes  No

Position applied for \_\_\_\_\_ When can you start? \_\_\_\_\_

Are you legally eligible for employment in the USA?  Yes  No Are you eighteen years or older?  Yes  No

Are you presently employed?  Yes  No If yes, may we contact your present employer?  Yes  No

Have you ever been denied bond?  Yes  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?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Aside from the above, have you been convicted of a felony within the past 7 years?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license?  Yes  No State \_\_\_\_\_ Drivers 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 dependence on drugs?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever sought treatment for an alcohol or drug related problem?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you regularly take any prescription drugs or other medications that may affect you during work?  Yes  No

If yes, what is the medication and reason for taking it? \_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, do you have any ailments or medical information that doctors should be notified of?  Yes  No

If yes, please state reason: \_\_\_\_\_  
\_\_\_\_\_

In case of an emergency contact: (Name) \_\_\_\_\_

(Phone) \_\_\_\_\_ (Relationship) \_\_\_\_\_

## ★ EDUCATION ★

### ***HIGH SCHOOL***

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 \_\_\_\_\_

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 \_\_\_\_\_

**★ 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 work or school schedule? (Specify beginning and ending time each day including weekends)

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

What city are you in when finished with work or school each day?  
\_\_\_\_\_  
\_\_\_\_\_

Our classes run weeknights 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 \_\_\_\_\_

Saturday \_\_\_\_\_

How far are you willing to drive? \_\_\_\_\_

Auto make \_\_\_\_\_ Year \_\_\_\_\_ License plate number \_\_\_\_\_ State \_\_\_\_\_

Do you own or have access to a computer?  Yes  No

Do you have internet access?  Yes  No If yes please provide e mail address? \_\_\_\_\_

Do you have experience working with Microsoft Office / Excel?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**★ MARTIAL ARTS INFORMATION ★**

Have you ever owned a martial arts studio?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What styles of martial arts have you studied, how many years and highest belt rank you have received?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you training presently?  Yes  No

If yes where and how frequently?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**★ LIST ALL TEACHING EXPERIENCE ★**

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 \_\_\_\_\_ Size of classes \_\_\_\_\_

Organization name /private \_\_\_\_\_ dates from \_\_\_\_\_ to \_\_\_\_\_

Location \_\_\_\_\_

Age/rank of students \_\_\_\_\_ Size of classes \_\_\_\_\_

List any achievements you have in martial arts, other sports, academics, or any charities that you have participated in.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foreign languages? \_\_\_\_\_







## 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 of 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