

APPLICATION FOR EMPLOYMENT

Applicant's Name: _____
Last
First
Middle

Address: _____
Number
Street
City
State
Zip Code

Telephone Number: _____ Social Security Number: _____

Position Applying For: _____

Name	Address	Dates	Degree/Major
High School			
College			
Other			

EMPLOYMENT EXPERIENCE			
Current or Last Employer		Phone	
Address		City	State Zip Code
Nature of Work		Dates Worked: From	To
Reason For Leaving		Supervisor	
Current or Last Employer		Phone	
Address		City	State Zip Code
Nature of Work		Dates Worked: From	To
Reason For Leaving		Supervisor	
Current or Last Employer		Phone	
Address		City	State Zip Code
Nature of Work		Dates Worked: From	To
Reason For Leaving		Supervisor	

PERSONAL REFERENCES - NOT FAMILY RELATED			
Name		Name	
Address		Address	
City	State Zip	City	State Zip
Relationship (Friend, Minister, etc.)		Relationship (Friend, Minister, etc.)	
Years Know	Phone	Years Know	Phone

Applicant's Signature

Date

INSTRUCTOR QUESTIONNAIRE

NAME: _____

① Coaching/Office experience (Where, how long):

② Other experience with children (Where, how long):

③ Certifications (Coaches, Safety, etc):

Do you have a CPR card? _____ Expiration Date: _____

Do you have a First Aid card? _____ Expiration Date: _____

④ Attending school? _____

Where: _____

⑤ Days and hours available to work: _____

⑥ What skills are you comfortable spotting: _____

⑦ Rate yourself: 1-Excellent 2-Good 3-Okay 4-Working on it 5-Not Good

Attitude	
Getting along with others	
Constructive criticism	
Authority/Respect	
Working with Kids	
Working with Parents	

⑧ Describe your greatest achievement: _____

⑨ Would you be interested in attending a clinic or workshop to improve your teaching/coaching skills or to receive a certification?

⑩ Where do you see yourself in the next 5 years?
