

APPLICATION FOR EMPLOYMENT

Applicant's Name: _____
Last
First
Middle

Address: _____
Number
Street
City
State
Zip Code

Telephone Number: _____ Social Security Number: _____

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 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?