

# APPLICATION FOR EMPLOYMENT

Applicant's Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Number
Street
City
State
Zip Code

Telephone 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?

\_\_\_\_\_