**Employment Application**

**Instructor/Coach Position**

Date:

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| **APPLICANT INFORMATION** | | | | |
| First Name: | Middle Name: | | Last Name: |
|  |  | |  |
| Street Address: | | City/State/Zip: | |
|  | | , | |
| Home (area code): | | Cell (area code): | |
| (   ) | | (   ) | |
| Date of Birth (mm/dd/yyyy): | | Social Security #: | |
|  | |  | |
| Are you a US Citizen? | | If no, are you authorized to work in the US? | |
| Yes  No | | Yes  No | |
| Have you ever worked for this company? | | If yes, when? | |
| Yes  No | |  | |
| Have you ever been convicted of a felony? | | If yes, explain? | |
| Yes  No | |  | |

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| **EDUCATION** | | | |
| High School Name: | Address: | | |
|  |  | | |
| From: | Did you graduate? | | |
| to | Yes  No | | |
|  | |  | |
| College Name: | Address: | | |
|  |  | | |
| From: | Did you graduate? | | Degree: |
| to | Yes  No | |  |
|  | | | |
| Other: | Address: | | |
|  |  | | |
| From: | Did you graduate? | | Degree: |
| to | Yes  No | |  |
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| **QUESTIONS** |
| What makes you a good candidate for working with youth? What would your friends say about how you interact with children? |
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| How would you manage a child that is becomes upset or does not want to participate in class? |
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| Why do you want to work at Aerial Athletics and what contributions can you make? |
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| Supervision and safety are major responsibilities of an instructor. What are some others? |
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| Dependability is very important! What is your availability? |
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| **REFERENCES** | |
| Full Name: | Relationship: |
|  |  |
| Email: | Phone (area code): |
|  | (   ) |
|  | |
| Full Name: | Relationship: |
|  |  |
| Email: | Phone (area code): |
|  | (   ) |
| |  |  | | --- | --- | | **PREVIOUS EMPLOYMENT** | | | Company: | Address: | |  |  | | Supervisor: | Phone (area code): | |  | (   ) | | Job Title: | Salary: | | to | Starting $      Ending $ | | Responsibilities: | | |  | | | From: | Reason for leaving: | |  |  | | May we contact your supervisor for reference? | | | Yes  No | | |  | | | |
| Full Name: | Relationship: |
|  |  |
| Email: | Phone (area code): |
|  | (   ) |
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| **Certifications** |
| Are you CPR/First Aid Certified? (Senior Counselors will be required to take class prior to working) |
| Yes  No |
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First Name:          Middle Name:          Top of Form

**PREVIOUS EMPLOYMENT**

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| **DISCLAIMER AND SIGNATURE** |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.  (If you cannot sign electronically, you can leave blank and sign at your interview) |
| SIGNATURE: DATE: |
|  |

Please save this application as a document and email to [heather@aerialathletics.com](mailto:heather@aerialathletics.com).