



Jump! Gymnastics

APPLICATION FOR GYMNASTICS COACH

EQUAL OPPORTUNITY EMPLOYER

(ANSWER ALL QUESTIONS COMPLETELY, IF YOU HAVE QUESTIONS, CALL 512-593-6226)

PERSONAL DATA

Name: _____ Date: _____
Last First MI

Address: _____
Street City ST Zip

Are you 18 years of age, or over? Yes No Do you consent to a background check? Yes No

Telephone: (Cell) _____ Email _____

Driver's License Number: _____ Social Security # _____ you can leave this blank for now

GENERAL

Applying for position as: _____

Part time Seasonal Full Time Acceptable Salary Range: _____

Are you currently employed? Yes No Available Start Date: _____

Fill out your availability of days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Total number of hours requested: _____

Will your availability change throughout the year? Yes No

How were you referred to Jump! Gymnastics? Employee Advertisement Other

Name referral source indicated: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, give the circumstances _____

EMPLOYMENT: List below last two employers, starting with last or current one first

Current or last employer: _____ Employed from _____ to _____

Street address: _____ Salary: _____

Name and title of immediate supervisor: _____ Phone #: _____

List major duties performed in this position: _____

Reason(s) for leaving: _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact your employer while we are considering your application? Yes No

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Current or last employer: _____ Employed from _____ to _____

Street address: _____ Salary: _____

Name and title of immediate supervisor: _____ Phone #: _____

List major duties performed in this position: _____

Reason(s) for leaving: _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact your employer while we are considering your application? Yes No

PERSONAL OR OTHER REFERENCES:

Name:	Phone:	Years known:

ADDITIONAL WORK HISTORY:

List all other organizations or employers (not listed on pg 2) where you have experience working with children.

Name of employee/organization: _____

Length of employment: From: _____ to: _____

Reference name: _____ Phone #: _____

Briefly describe your responsibilities: _____

*Attach resume if you have more information on other references

SUPPLEMENT TO APPLICATION:

Describe non-employment activities you have been engaged in that might strengthen your application.

List any sports or hobbies you have participated in (past or present): _____

Education & Training:

High School/College/University or Technical School (circle one) Graduate: Yes Year _____ No

Type of Degree/Certification or Diploma: _____

Major Subject studied: _____

Name of School, City & State: _____

Education & Training Continued:

College/University or Technical School (circle one) Graduate: Yes Year _____ No

Type of Degree/Certification or Diploma: _____

Major Subject studied: _____

Name of School, City & State: _____

SPECIAL SKILLS:

List all current special licenses(es), permits certifications and level or credited hours. (CPR, First Aid, lifeguard, etc.)

Type:	Level:	Expiration Date:

CREATIVITY:

Although lesson plans are provided at Jump! Gymnastics, it is very important for coaches to be able to think fast and be creative. Use your imagination and describe a creative way to teach students how to do a pike stretch and a straddle stretch. **Example:** We are going to make a PB & J Sandwich. Everybody sit down and straighten out your legs. Now pick up some peanut butter and spread it all over your legs. Good! Now take some Jelly and spread it all over your belly. Now lean forward and smash the jelly and the peanut butter together to make a PB & J sandwich. Wait! I like my sandwich cut in half let's all get our cutter and 1, 2, 3 Chop (students straddle their legs to make 2 halves). Okay, now eat this side (students stretch to the left to each the sandwich). Now, the other side (students stretch the other way). Now eat all the crumbs in the middle. Good Job!

Learning Cartwheels and Handstands can be really frustrating for young children. At Jump!, we break every skill down into small, achievable steps. Instead of trying to teach a handstand to a 3 year old, we break it down into 5 parts.

1. Donkey Kick (students put hands and feet on floor and jump feet into the air – this teaches weight transference)
2. Spider Crawl (students put hands on the floor and climb their feet up the wall to invert themselves)
3. Teeter Totter (students start in a lunge and tilt their bodies forward until both legs come off the ground into an upside down split)
4. Handstand against the Wall (students kick up to a handstand facing the wall and hold the handstand on the wall)
5. Handstand (spotted by a coach at first, then holding the handstand on their own)

Think of 3 steps you could use to teach a cartwheel.

1. _____

2. _____

3. _____

AUTHORIZATION:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you and all any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I also give my permission for Jump! Gymnastics to do a criminal background check as per the rules and regulations with the Department of State Health Services."

Date: _____

Signature: _____

Interviewed by: _____

Date: _____

*****DO NOT WRITE BELOW THIS LINE*****

REMARKS: _____

