



DATE: _____

Application for Employment

NAME: _____ AGE: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

POSITION: _____

DATE YOU CAN START: _____

DO YOU HAVE ANY GYMNASTICS EXPERIENCE? Yes / No

Explain: _____

AVAILABILITY (days of the week, times, preferred # of hours/week)

AGES/LEVELS YOU'D PREFER TO WORK WITH: _____

ARE YOU IN ANY SPORTS? _____

WHAT SESSIONS ARE YOU AVAILABLE TO COACH?

- | | |
|--|---|
| <input type="checkbox"/> Summer, June-August | <input type="checkbox"/> Fall, September-November |
| <input type="checkbox"/> Winter, December-February | <input type="checkbox"/> Spring, March-May |