



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran

Application for Boys Team Coach/Program Director

Last Name _____ First Name _____ Date _____

Street Address _____ Home Phone _____

Cell Phone _____ E-mail Address _____

City _____ State _____ Zip Code _____

How did you learn about us? _____

What kind of position are you applying for? _____ Part Time _____ Full Time

How many hours do you expect to work each week? _____

Expected Pay _____ Will you work overtime, if asked? Yes _____ No _____

What date could you begin employment here: _____

Do you expect to work here for at least one year? _____ If no, please explain. _____

Available to work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Education

School Name & Location	Number of Years Completed	Did You Graduate?

1. Do you have any injuries or conditions that will prevent you from doing any aspect of the position applied for? _____
2. Have you ever been convicted of a felony? _____
3. Have you ever been dismissed from employment or laid off? _____
If so, why? _____
4. Interests, activities, or hobbies you might have _____
5. Do you have any activity that might conflict with your ability to report to work as scheduled
If so, please explain. _____

6. Are you legally eligible to work in the United States? Yes _____ No _____
7. Please check those items that are current
____ USA Gymnastics Pro Membership ____ U100 ____ Safesport ____ Background Check
8. USA Gymnastics Professional Membership Number _____
9. Did you compete as a gymnast? List your competitive experience

10. What Levels have you coached? _____
11. How many of the following have you coached: State Meets: _____ Regionals _____ Nationals _____
12. Are you proficient in: Microsoft Word _____ Xcel: _____ Google Docs _____ Google Sheets _____
Facebook: _____ iClasspro _____ Proscore : _____
13. Do you have your own computer ? _____ Printer? _____
14. Have you ever set up and run a boys meet? _____

List the hardest skills you have experience training/spotting on the following equipment:

- Floor _____
- Horse _____
- Rings _____
- Vault _____
- P Bars _____
- High Bar _____
- Trampoline: _____

FORMER EMPLOYERS (List Below Last Three Employers, Starting with Last One First.)

Date Month/Year	Name and City Of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				

Which of these jobs did you enjoy the most? _____

What did you enjoy about this job? _____

What job did you enjoy the least? _____ Why: _____

Why do you want to work for our company? _____

What characteristics do you have that would make you a valuable employee to have? _____

REFERENCES: Give the names of three people **NOT** related to you who you have worked for in the past.

Name	Phone Number	Email Address	Business	Years Acquainted

“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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.”

SIGNATURE _____

DATE _____

Please mail application to : Scamps Gymnastics
5711 77th Street
Kenosha, WI 53142

Or email to: info@scampsgymnastics.com