Instructor/ Coach Application for Employment

[Pre-Employment Questionnaire]

Last Name _____First _____Today's Date _____

Street Address_____City _____State _____ Zip Code _____

Home Phone _____ Cell # _____

E-mail address (print) _____

Age _____ Date of Birth _____

Name and address of parent or guardian if applicant is a minor

_____

Position desired _____

What prompted you to apply here? **Circle one**

Hometown Site Facebook Our Website

Word of Mouth/their name _____ Nothing (walk-in)

What is your desired rate of pay? _____

How many hours per week do you desire? _____
When can you start? _____

Circle all age groups you would like to coach?

2 to 3 ☐ 4 to 5 ☐ 6 to 7 ☐ 7 to 8 ☐ 8 to 9 ☐ 10 on up ☐

Are you involved in any extracurricular activities? If yes- what sport? **YES** ☐ **/** **NO** ☐

Sport (s): _____

Have you ever been dismissed from employment or laid off? _____

Why?_____

_____

Have you ever been convicted of a crime that has not been expunged by the court, other than a minor traffic offense? Yes No

Answering "Yes" does not constitute an automatic bar to employment. Such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

If yes, please provide details (dates and location for all convictions) _____

_____

School Name & Location	Course of Study	No. of Years Completed	Did You Graduate?

Available to work:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8:30am-3:00pm							
3:30pm-9:00pm							

Why would these hours work for you? _____

_____

The safety of our students is a top priority. Teaching physical skills to children requires quick movements and spotting and lifting heavy children, sometimes while in awkward positions. Also, a necessary part of the job includes moving and adjusting gymnastics apparatus such as mats, beams, and bars that could weigh a bit. Can you perform the job duties of the position? **YES** ☐ **or** **NO** ☐

Check off areas you are currently certified in: USAG (USA Gymnastics) _____

Safety First Aid Certified _____CPR Certified _____

Any other certifications? _____

Please list any organizations, clubs, societies or associations to which you belong.
_____

Our hours vary from week to week and occasionally you may be asked to stay later, leave early, or come in on your day off. Do you foresee any problems with this?
YES / NO- why? _____

Would you be interested in training in office work in the future? **YES** ☐ **/** **NO** ☐

FORMER EMPLOYERS
List last three employers, starting with the most recent one first.

Date Month/Year	**Name**	**Work Phone Number Email**	**Salary**	**Position**	**Reason For Leaving**
To From					
To From					
To From					

Which of these jobs did you like best? _____

Why? _____

What did you like least? _____

List 3 character references with phone numbers that we may contact:
(Past Employer, Non Family Member, ect.)

1. Name: _____ Phone: _____
   Relationship: _____

2. Name: _____ Phone: _____
   Relationship: _____

3. Name: _____ Phone: _____
   Relationship: _____

If currently employed, may we contact your current employer? **YES** / **NO**
☐ ☐

"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." REALIZING THIS IS A BUSINESS OF CHILDREN, I UNDERSTAND THAT BY SIGNING THIS I AM ALLOWING FLIGHT DECK GYMNASTICS TO PERFORM VARIOUS BACKGROUND CHECKS.

Date _____ Signature _____

After your application is reviewed, if you are then accepted onto our team, we require a copy of a current FBI/BCI and/or USAG Background Check to be successfully completed prior to becoming a member of our staff.
Thank You!

Additional Information for Instructor/ Coach

Experience is NOT required, but please provide any details of your experience as a gymnast or cheerleader. Please start with your most recent training.

Where You Trained	For How Long	Dates You Were Trained

Please detail your experience as a gymnast, cheerleader, instructor, or coach. What groups or levels did you work with and what were your duties?

1. _____

_____

2. _____

_____

If you have experience- do all things below

Describe in detail three drills or approaches that you would use with a group of 8-year-olds who were having trouble mastering a cartwheel:

1. _____

_____

2. _____

_____

3. _____

_____

You have a group of 4-year-olds that is not paying attention. What do you do?

_____

_____

_____

_____

Describe your greatest strength and weakness as an Instructor/ Coach:

Strength:

_____

_____

Weakness:

_____

_____

List the hardest elements you can presently do on the following equipment:

Beam _____ Bars _____ Tumbling _____

Trampoline _____ Vault _____

Write lesson plans for a beginning gymnastic class for ages 6-12
If applying for PreSchool ages 2 to 5.

Please be specific.

Beam	Bars	Tumbling/Trampoline	Vault