



Eagle's Wings Athletics is now seeking energetic and reliable individuals to fill the following positions:

- Recreational Gymnastics Coach
- Recreational Tumbling Coach
- Recreational Preschool Coach
- Girls Team Coach*
- Receptionist/Office

Please fill out the application below and submit via email or in person. We will schedule an interview should the position you are applying for still need filling.

*Team coach applicants must have previous experience coaching girls team.



Application for Employment

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ Email: _____

General Information

Position Desired: _____ Salary Desired: _____

Date you can start: _____ Number of desired hours: _____

Are you currently employed? _____ May we contact your current employer? _____

Do you have any physical conditions that might limit your ability to perform the job you've applied for?

Yes No If Yes, please list. _____

Days/Times you are available to work: (Please indicate all days/times you are available)

Monday: am _____ pm _____

Tuesday: am _____ pm _____

Wednesday: am _____ pm _____

Thursday: am _____ pm _____

Friday: am _____ pm _____

Saturday: am _____ pm _____

Sunday: am _____ pm _____

Emergency Contact 1: _____ Relationship: _____

Phone #: _____ Alternate #: _____

Emergency Contact 2: _____ Relationship: _____

Phone #: _____ Alternate #: _____

Educational Background

Current School: _____ Major: _____ Graduation: _____
High School: 9 10 11 12 College: 1 2 3 4 Grad School: 1 2 3
(circle number indicating level of education at the close of the current academic year)

List extracurricular activities/honors: _____

List any group leadership experience: _____

Employment History

(Please list your last four employers, starting with the most recent.)

Employer: _____ Phone #: _____
Address: _____
Position: _____ Salary: _____ Dates (From-To): _____
Job Duties: _____ _____
Reason for leaving: _____

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Job Duties: _____ _____

Reason for leaving: _____

Certifications

CPR Yes No

Expiration Date: _____

Standard First Aid Yes No

Expiration Date: _____

USAG Pro Member? Yes No

Expiration Date: _____

USAG Safety Certified? Yes No

Expiration Date: _____

Do you have any other related certifications? _____ List certifications below:

References

Please list three people who can make a statement regarding your work experience, character and ability. Do not include relatives or fellow students.

Reference 1: _____ Relationship: _____

Business: _____ Phone #: _____

Address: _____

Reference 2: _____ Relationship: _____

Business: _____ Phone #: _____

Address: _____

Reference 3: _____ Relationship: _____

Business: _____ Phone #: _____

Address: _____

Have you ever been convicted of a crime other than minor traffic violations? Yes No

If Yes, _____

Charge

Date

Where Convicted

Disposition or Current Status

Applicant Agreement

In exchange for the consideration of my job application by Eagles Wings Athletics I agree that:: Neither the acceptance this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Eagles Wings Athletics, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the empowered management body of Eagles Wings Athletics. Both the undersigned and Eagles Wings Athletics may end the employment relationship at any time, without specified notice or reason.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my character, general reputation, personal characteristics, and mode of living.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Eagles Wings Athletics is terminable at will for any reason by either party.

Signature

Date