

Sample Application for Employment (Sample)

Company
Address
City, State Zip

Please answer all questions to the best of your ability. Indicating *see resume* is not an acceptable answer. Type or print clearly. Attach a copy of your resume (if available).

Personal Information

| | | |
|---|-------------|---------|
| Last Name: | First Name: | MI: |
| Address: | | |
| City: | State: | Zip: |
| Daytime Telephone: () | | E-mail: |
| Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you presently legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever been convicted of a crime?* <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <i>Identify all misdemeanor and felony convictions.</i> | | |
| Are there any felony charges pending against you?* <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please give dates, places, charges and disposition of all convictions, and any other information about convictions you would like us to consider. We will conduct a criminal history file check for all new employees to determine the existence of any arrest resulting in conviction.

*A yes response does not automatically disqualify a job applicant from further consideration. Each application is evaluated individually, based on a number of factors including the nature of the crime, how long ago the crime and/or release from incarceration occurred, whether a sufficient or satisfactory work record has been established since the crime and/or release from incarceration, and the position applied for.

Education

| SCHOOL | DEGREE RECEIVED | Dates Attended | | GRADUATED Yes or No | MAJOR | GPA | SCHOOL NAME | State or Country |
|----------|-----------------|----------------|-------------|------------------------|-------|-----|-------------|------------------|
| | | From MM/YY | To MM/YY | | | | | |
| HIGH | | | | | | | | |
| COLLEGE | | | | | | | | |
| COLLEGE | | | | | | | | |
| BUS/TECH | | | | | | | | |
| OTHER | | | | | | | | |

| | | |
|------------|-------------|-----|
| Last Name: | First Name: | MI: |
|------------|-------------|-----|

| | |
|---------------------------|--|
| Skating Background | Please list the highest test you've passed and the date you passed it (MM/YY) for each of the following: |
|---------------------------|--|

| Discipline | Level | Date | Discipline | Level | Date |
|---------------------|-------|------|-------------|-------|------|
| Free Skating: | | | Pairs: | | |
| Compulsory Dance: | | | Free Dance: | | |
| Moves in the Field: | | | Figures: | | |

Please list the various locations where you have trained as a skater. Include rink or club name, years and names of coaches.

Please list any competitive experience you have had as a skater that you would like us to know about. Include as much information as possible.

| |
|--|
| Have you passed the PSA Basic Accreditation (BA) exam? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when (MM/YY)? |
|--|

| | |
|----------------|---|
| Ratings | Please list the highest PSA certification level you have achieved and the date you achieved it (MM/YY) for each of the following: |
|----------------|---|

| Discipline | Rating | Date | Discipline | Rating | Date |
|------------------------|--------|------|-------------|--------|------|
| Free Skating: | | | Figures: | | |
| Figure & Free Skating: | | | Pairs: | | |
| Moves in the Field: | | | Group: | | |
| Program Director: | | | Dance: | | |
| Synchronized Team: | | | Free Dance: | | |
| Choreography & Style: | | | Emeritus: | | |

| |
|--|
| Are you ratings active? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

| | |
|----------------------------------|--|
| Training Courses/Seminars | Please list any relevant courses/seminars you have completed, not included in education above: |
|----------------------------------|--|

| Course Title | Completion Date (MM/YY) |
|--------------|-------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

| | |
|---------------|---|
| Honors | Please list any honors or awards you have received: |
|---------------|---|

| Honor or Award | Grantor | Award Date (MM/YY) |
|----------------|---------|--------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

| | | |
|------------|-------------|-----|
| Last Name: | First Name: | MI: |
|------------|-------------|-----|

Coaching Background

How long have you been coaching?

What is current hourly rate to you charge your clients?

Please list all disciplines you have coached:

Please list any other information about your coaching experience (other than what you've listed above) that you would like us to know, this can include competition and test records of your skaters, levels or skaters coached, etc..

Do you have professional liability insurance in force with a minimum limit of liability of \$1,000,000? Yes No

Have you ever been convicted of a grievance with U.S. Figure Skating, the PSA or the ISI?* Yes No

Are there any grievance charges pending against you with U.S. Figure Skating, the PSA or the ISI?* Yes No

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Employment History

Start with present or most recent employer. List all paid employment, full-time and part-time. Include all positions held. Please print clearly.

Employer: _____ Telephone: () _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ May we contact your supervisor? Yes No

Start Date (MM/YY): _____ End Date (MM/YY): _____ Number of Hours: _____

Final Salary: _____

End Title: _____ Reason for Leaving: _____

Duties: _____
