

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:
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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? Yes 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:
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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

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 grievance, how long ago the grievance occurred, whether a sufficient or satisfactory record has been established since the grievance, and the position applied for.

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: _____

Last Name:	First Name:	MI:
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Employer:	Telephone: ()
City:	State: Zip:
Supervisor's Name:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date (MM/YY): End Date (MM/YY):	Number of Hours:
Final Salary:	
End Title:	Reason for Leaving:
Duties:	

Employer:	Telephone: ()
City:	State: Zip:
Supervisor's Name:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date (MM/YY): End Date (MM/YY):	Number of Hours:
Final Salary:	
End Title:	Reason for Leaving:
Duties:	

Employer:	Telephone: ()
City:	State: Zip:
Supervisor's Name:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date (MM/YY): End Date (MM/YY):	Number of Hours:
Final Salary:	
End Title:	Reason for Leaving:
Duties:	

Last Name:	First Name:	MI:
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References	Please list three references (athletes 12 & older, parents, professional colleagues).	
Name:	E-mail: ()	
Address:		
City:	State:	Zip:
Daytime Phone: ()	Evening Phone: ()	

Name:	E-mail: ()	
Address:		
City:	State:	Zip:
Daytime Phone: ()	Evening Phone: ()	

Name:	E-mail: ()	
Address:		
City:	State:	Zip:
Daytime Phone: ()	Evening Phone: ()	

Authorization and Understanding

I understand that **Company** may investigate my work and personal history and verify all data given on this Application for Employment, on related papers, and in interviews, and I authorize **Company** to do so. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements or references by former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named, except as specifically limited on this application, to provide information requested about me, and I release them and **Company** from liability for damages in providing this information. I understand and acknowledge that any misrepresentation, omission or incorrect statement of fact can result in rejection of my application or, if hired, immediate discharge.

Name: _____ **Signature:** _____ **Date:** _____
(please print)

Certification

I certify that the answers in this document are true to the best of my knowledge. I realize that all the information furnished by me is important and that **Company** will rely on such information in engaging me and in continuing my employment. I also realize that this information may be verified by **Company** and that any misrepresentation of facts may constitute a cause for dismissal.

I authorize all current and former employers to release to **Company** my complete personnel record including, but not limited to, salary history, performance evaluations, disciplinary reports, letters of reprimand, and attendance records. I release from liability all current and former employers, their agents, representatives, employees, officers, or directors for providing the above information.

Name: _____ **Signature:** _____ **Date:** _____
(please print)