

**Diamond Edge Figure Skating Club
Instructor/Assistant Application**

Please answer all questions to the best of your ability.

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

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	
Basic Skills (B1-F6)			
Free Skating (Pre-Preliminary-Senior):			
Moves in the Field (Pre-Preliminary-Senior)::			
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)?			

Skating Related 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.	

Coaching/Private Lesson 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? <input type="checkbox"/> Yes <input type="checkbox"/> No

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? <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:		

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: _____

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 list any schedule conflicts that you may have on Sunday 2:30-7:30 , Monday 5:30-8:30 and Thursday 6:30-9:30:

Please list any dates you would need to have a substitute during the skating season due to concerts, etc.: