



# APPLICATION FOR DIRECTORS

## CALIFORNIA SCHOOL FITNESS\*

### PERSONAL INFORMATION

Name (Last, First, Middle)		Date of Birth	Social Security Number	
Street Address		City, State Zip Code		
Telephone #	Cell phone #	E-mail Address		
Date of Application	Drivers License State #	Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	How did you hear about the position?	
Do you have any physical condition or handicap which may limit your ability to perform the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, give details		
Have you ever been convicted of a criminal offense within the past seven years? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, give details		
In case of emergency, notify the following person:		Name	Address	Phone

### EDUCATION

	School	Last Grade or Level Completed	Diploma or Degree	Course/Major
High School				
College, Fitness Certification or Other Training				

### REFERENCES

Please provide the names, addresses and phone numbers of three references who can attest to your character and abilities. Do not include family members.

Name	Address	Phone #	How does this person know you?