



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?

*All personnel hired on a contracted services basis

EMPLOYMENT HISTORY

INFORMATION WILL BE VERIFIED. TELEPHONE NUMBERS ARE VERY IMPORTANT.

Please list all jobs, beginning with your present or last employer. Account for all time periods, including unemployment, self-employment and U.S. Military Service. If space is insufficient, list on the back of this application form.

1. Name and Address		Dates of Employment		Salary	
		Start	End	Start	End
Job Title	Supervisor	May we contact your employer?		Telephone #	
		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Duties and Responsibilities		Reason for Leaving			
2. Name and Address		Dates of Employment		Salary	
		Start	End	Start	End
Job Title	Supervisor	May we contact your employer?		Telephone #	
		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Duties and Responsibilities		Reason for Leaving			
3. Name and Address		Dates of Employment		Salary	
		Start	End	Start	End
Job Title	Supervisor	May we contact your employer?		Telephone #	
		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Duties and Responsibilities		Reason for Leaving			

EXPERIENCE WITH CHILDREN AND FITNESS

Describe your experience working with groups of children:

Describe any formal training or classes you have had with children:

Describe your experience in the area of fitness:

Describe any experience teaching fitness classes:

What qualities do you possess that will enable you to become a good Director?

Describe any management or supervisory experience you have had:

SCHEDULE & AREA

CSF offers flexibility in determining the number of classes to be taught. Please indicate below when you will be available and what area you would be interested in teaching. This is not a commitment, but rather a general idea of what you are looking for at CSF.

What are the optimal number of classes you would like to teach?

What is your working/school schedule for next session, i.e., Which days and times are you NOT available to teach classes?

What area would you be willing to cover?

STATEMENT

I certify the facts set forth in my application are true and complete. I understand that I am applying for a position as an independent contractor and will not be an employee or eligible for employee benefits. I authorize all statements contained in this application to be verified.

If contracted, I agree to conform to all the rules and policies of California School Fitness, Inc.

Applicant's Signature _____ Date _____

Please return to: California School Fitness
8039 Wing Span Drive
San Diego, CA 92119
619-464-7093



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