

APPLICATION FOR INSTRUCTORS

CALIFORNIA SCHOOL FITNESS*

PERSONAL INFORMATION

Name (Last, First, Middle)		Date of Birth	Social Security Number	
Street Address		City, State Zip Code		
Telephone # ()	Fax # (if applicable)		Email Address (if applicable)	
Date of Application	Drivers License State #	Are you a US Citizen?	Yes ☐ No ☐	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 ☐ No ☐	If yes, give details	
Have you ever been convicted of a criminal offense within the past seven years? (Except minor traffic offenses)		Yes ☐ No ☐	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
<i>High School</i>				
<i>College, Business, Vocational, or Other Training</i>				

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 the 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 a separate page or additional application form.

1. Name and Address			Dates of Employment		Salary	
			Start	End	Start	End
Job Title	Department	Supervisor	May we contact employer?		Telephone #	
			Yes ☐	No ☐		
Duties and Responsibilities			Type of Business		Reason for leaving	
2. Name and Address			Dates of Employment		Salary	
			Start	End	Start	End
Job Title	Department	Supervisor	May we contact employer?		Telephone #	
			Yes ☐	No ☐		
Duties and Responsibilities			Type of Business		Reason for leaving	
3. Name and Address			Dates of Employment		Salary	
			Start	End	Start	End
Job Title	Department	Supervisor	May we contact employer?		Telephone #	
			Yes ☐	No ☐		
Duties and Responsibilities			Type of Business		Reason for leaving	

EXPERIENCE WITH CHILDREN AND FITNESS

Describe your experience working with groups of children.

Outline any formal training or classes you have had in working with children.

Describe your experience in THE AREA OF FITNESS.

Describe any formal training or experience in teaching FITNESS CLASSES

What qualities must a children's fitness instructor possess?

What special talents or abilities do you possess which will enable you to become a good instructor?

Why do you want to become an instructor?

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 covering. 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 next session?

What is your working/school schedule for next session? (If unknown, please indicate when you will know the schedule)

What area would you willing to cover?

STATEMENT

I certify the facts set forth in my application as a fitness instructor 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 of the rules and policies of California School Fitness, Inc.

Applicant's Signature _____

Date _____

Please return to
California School Fitness
5236 Lewison Ave
San Diego, CA 92120

CALIFORNIA SCHOOL FITNESS IS A NON-PROFIT ORGANIZATION