



Blue Angels Gymnastics Club Employment Application

20256 West Mill Road, Galesville, WI 54630

(608)-582-3547

Email: bagcinfo@centurytel.net

Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, handicap, or veteran status.

Check Program Preference & Level:

- Gymnastics
 Parent/Me
 Level 1
 Level 2
 Level 3
 ▪
 Level 4
 Level 5
 Level 6
 Intermediate Optional
 ▪
 Level 7
 Level 8
 Level 9

Date of Application: _____

Full Name (Include any previous names)	
Address:	
Home Phone	
Email:	

Do you have children in BAGC ? Yes No

Do you wish to coach your children? Yes No

_____ Child's Name _____ Child's Team/Grade _____ Child's Name _____ Child's Team/Grade

Do you have a valid driver's license? Yes No If no, how will you get to work? _____

Have you had First Aide or CPR training? Yes No Certified Date _____ Expires _____

Employment Experience (Start with your present or last job).

Date Month/Year	Name and Address of Employer	Supervisor and phone number	Position Held	Reason for Leaving	Office use:

References: Please list three references (unrelated to you), at least one of which has knowledge of your participation with a youth program.

<u>Name of Reference:</u>	<u>Phone Number</u>	<u>Years Known</u>	<u>Their occupation:</u>

Times available to work:

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

Are you planning on any major family vacations/trips?

Yes No

If yes, for how long and when? _____

Have you participated in this sport? Yes No How many years? _____

Levels you participated at and any honors:

Youth Recreation _____ High School _____

College _____ Other _____

Please list any other athletic experience you have had that you feel enhances your capabilities as a coach? _____

Please rate your knowledge of the following topics with regard to your sport of choice by circling the appropriate number. 1 = Know very little about it

2= Have a reasonable good knowledge about it

3 = Know a great deal about it

- | | |
|--|---|
| 1 2 3 Basic technique | 1 2 3 Organizing a practice |
| 1 2 3 Advance technique | 1 2 3 Developing sportsmanship |
| 1 2 3 Rules of the sport | 1 2 3 Motivating youngsters |
| 1 2 3 Strategy of the sport | 1 2 3 Communication skills |
| 1 2 3 Organizing a tournament | 1 2 3 Working with parents |
| 1 2 3 Athletic nutrition | 1 2 3 Warm up technique |
| 1 2 3 Equipment needs and specifications | 1 2 3 Injury prevention and treatment |
| 1 2 3 Physical conditioning techniques | 1 2 3 General principles for teaching sports skills |

Describe in detail your philosophy/goals of coaching for the position you are applying for.

Have you had any formal training as a coach? Yes No

If yes, please describe (Ex: Clinics, Degrees, etc.)

Why do you feel you would make a good coach for the BAGC organization?

Explain those factors that you feel are most important to a quality sports athletic program:

Describe your greatest strength and weakness as a coach:

Strength:

Weakness:

Describe how you would organize a practice.

Describe in detail three drills or approaches that you would use with a group of 7 year olds who are having trouble mastering a cartwheel: _____

You have a group of kids that are not paying attention. What do you do? _____

List the hardest elements you can do/coach/spot on the following equipment:

Beam _____ Bars _____

Vault _____ Floor _____

The safety of our students is a top priority. Teaching physical skills to children requires quick movements, agility, spotting and lifting heavy children, sometimes in awkward positions. Also, a necessary part of the job includes moving and adjusting gymnastics apparatus which can weigh as much as two hundred pounds. Do you have any injuries or conditions, which could limit your ability to safely perform the duties for the position you applied for? Yes No If yes, please explain in detail: _____

Other than minor traffic violations, do you have any criminal convictions or arrests? Yes No If yes, please explain: _____

PERMISSION FOR CRIMINAL HISTORY RECORDS CHECK:

I, the undersigned, hereby authorize and give consent for the Blue Angels Gymnastics Club to obtain information regarding myself for employment or volunteer purposes. This information may be obtained either in writing or by way of telephone in connection with application. Any person, firm or organization providing information in accordance with this authorization is released from any and all claims of liability for compliance. This information may include all or some of the following:

- ~ Employment records/Employers references
- ~ Sex offender registry check
- ~ Training/experience/educational background
- ~ Address
- ~ Criminal background checks/information
- ~ Drivers license check
- ~ Personal references

Signature of Applicant: _____ Date: _____

Drivers License Number: _____ State: _____

Social Security Number: _____

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand and agree that, regardless of previous employment, BAGC is not obligated to hire me to a position. If hired, I understand that my employment is for no definite period and may, regardless of date payment of my wages and salary, be terminated at any time prior to the expiration of my term, I am subject to the removal by for violation of BAGC policies, principles or criminal happenings unbecoming of a person involved with youth.”

This application for employment shall be considered active for a period not to exceed 50 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the BAGC and employee in writing.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE, ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Hire: _____

Job Title _____

Rate of Pay _____

Approved at meeting date of _____

Month/Day

By _____

Signature of BAGC Director