

# New Employee Application

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birthday \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security Num. \_\_\_\_\_

Start Date \_\_\_\_\_

## Professional Membership

USAG Prof. Num \_\_\_\_\_

Expiration Date \_\_\_\_\_

## Other Certifications

*Expiration Date*

Safety Certification  \_\_\_\_\_

CPR Certification  \_\_\_\_\_

First Aid Certified  \_\_\_\_\_

CHSAA Certified  \_\_\_\_\_

NCAA Certified  \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

## Work Times

How many hours do you want to work? \_\_\_\_\_

When do you want to start working? \_\_\_\_\_

**Put an "X" in the boxes below to indicate the times that you can work.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings (between 8:30 - 12:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons (between 12:00 - 3:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings (between 3:00 - 9:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any specific times that work with your schedule: \_\_\_\_\_

What level of classes do you want to teach? \_\_\_\_\_

Will you be available for training? \_\_\_\_\_

Please list previous teaching experience with references: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you interested in doing Birthday Parties on weekends? \_\_\_\_\_