

Application to coach the Maryville Alcoa Flying Dolphins Swim Team

Instructions: Print clearly in ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Street Address

City, State, Zip Code

Phone Number

(____) _____

E-mail address

Are you eligible to work in the United States?

Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position applying for (circle)

Assistant Coach

Senior/Student Coach

DAYS / HOURS AVAILABLE

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Hours Available: from _____ to _____

The swim season will run from May 22 through August 3, please list any time off that is required during this time: _____

What age groups do you prefer working with? _____

How did you learn about this coaching position? _____

EDUCATION:

Name and Address Of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

Describe why you would like to be a Flying Dolphin Coach

COACHING HISTORY:

Present Or Last Position:

Team: _____

Address: _____

Team Contact: _____

Phone: _____ Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

=====

Team: _____

Address: _____

Team Contact: _____

Phone: _____ Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present / Past Team Contact?

Yes _____ No _____

OTHER EXPERIENCE

Please list any other coaching / teaching experience

References:

Name/Title Address Phone

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature_____

Date_____

Please return this application by February 10, 2012 to

David Lazar
1514 Wales Avenue
Maryville, TN 37804
(865) 977-3175

Or by e-mail to

president@flyingdolphins.org

Please feel free to contact any member of the Maryville Alcoa Flying Dolphins Board of Directors with questions.