



EMPLOYMENT APPLICATION FORM

FIRST NAME		LAST NAME	
RESIDENTIAL ADDRESS			
TOWN		POSTCODE	
POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)			
EMAIL			
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	DOB / /
MOBILE PHONE		HOME PHONE	
CURRENT COACHING ACCREDITATION	BEGINNERS <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/> ADVANCED SILVER <input type="checkbox"/> MAG <input type="checkbox"/> WAG <input type="checkbox"/> KG <input type="checkbox"/> TRAMPLOINE <input type="checkbox"/>		
JUDGING ACCREDITATION	BEGINNERS <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/> ADVANCED SILVER <input type="checkbox"/> MAG <input type="checkbox"/> WAG <input type="checkbox"/> TRAMPLOINE <input type="checkbox"/>		
AREAS OF INTEREST	MAG <input type="checkbox"/> WAG <input type="checkbox"/> EARLY YEARS <input type="checkbox"/> SENIORS <input type="checkbox"/> TRAMPLOINE <input type="checkbox"/> GENERAL GYM <input type="checkbox"/>		
OTHER RELEVANT CERTIFICATES	BLUE CARD <input type="checkbox"/> FIRST AID CERTIFICATE <input type="checkbox"/> BUSINESS <input type="checkbox"/> PERSONAL TRAINER <input type="checkbox"/>		
AVAILABILITY FOR SHIFTS	MONDAY 9.00 - 3.00PM <input type="checkbox"/> MONDAY 3.15 - 7.15PM <input type="checkbox"/> TUESDAY 9.00 - 3.00PM <input type="checkbox"/> TUESDAY 3.15 - 7.15PM <input type="checkbox"/> WEDNESDAY 9.00 - 3.00PM <input type="checkbox"/> WEDNESDAY 3.15 - 7.15PM <input type="checkbox"/> THURSDAY 9.00 - 3.00PM <input type="checkbox"/> THURSDAY 3.15 - 7.15PM <input type="checkbox"/> FRIDAY 12.00 - 3PM <input type="checkbox"/> FRIDAY 3.15 - 7.15PM <input type="checkbox"/> SATURDAY 8.30 - 12.00 <input type="checkbox"/> SATURDAY 12.00 - 5.00PM <input type="checkbox"/>		
PREVIOUS GYMNASTICS COACHING EXPERIENCE	YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU CURRENTLY AT SCHOOL	YES <input type="checkbox"/> NO <input type="checkbox"/>
SCHOOL/ PREVIOUS CLUB			
PREVIOUS POSITION HELD		TIME IN POSITION	
REFEREE NAME		PHONE	
REFEREE EMAIL			
IN NO COACHING EXPERIENCE PLEASE LIST CURRENT EMPLOYERS OR REFEREE NAME		PHONE	
REFEREE EMAIL			

COVERING STATEMENT

HAVE YOU HAD ANY EXPERIENCE WORKING WITH CHILDREN

YES**NO**

IF YES THEN OUTLINE YOUR EXPERIENCE:

IF YOU HAVENT WORKED WITH CHILDREN BEFORE WHAT WOULD MAKE YOU CONSIDER IT, IN A COACHING SETTING:

WHAT COULD YOU OFFER ALLSTARS GYMNASTICS IN TERMS OF YOUR ABILITIES AND SKILLS:

WHAT WOULD BE YOUR
TOP 3 ASSETSHONEST LOYAL BRIGHT PERSONALITY ORGANISED HARD WORKER CREATIVE ENERGETIC SELF MOTIVATED ENTHUSIASTIC THOUGHTFULL COMMITED TEAM PLAYER

APPLICANTS SIGNATURE

DATE

Allstar Gymnastics181 Bridge Street Toowoomba QLD 4350. **POST:** PO Box 737 **PHONE:** 4632 4363 **FAX:** 4632 4145**EMAIL:** admin@allstargymnastics.com.au OR debbie@allstargymnastics.com.au