KOOB - A - HOOPS
BUILDING A FUTURE IN BASKETBALL

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME:_____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: ( ) _____- _____ TEXT ACCEPTED: YES | NO (CIRCLE ONE)

EMAIL ADDRESS: _____

EDUCATION:

	NAME/LOCATION	GRADUATE YEAR/DEGREE	MAJOR/STUDY AREA
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
OTHER EDUCATION			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing as a coach for KOOB-A-HOOPS.

_____

_____

GENERAL QUESTIONS:

Do you have experience playing or coaching basketball? YES | NO (circle one)

If yes, describe: _____

Do you have dependable transportation to travel to schools and carry equipment? YES | NO

If enrolled in school or other employment, please provide your daytime schedule for Jan-May 2020:

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday/Sunday: _____

Have you previously worked or have experience with children ages 2-5? YES | NO

If yes, describe: _____

APPLICATION FOR EMPLOYMENT (CONT.)

Have you ever been convicted of a crime that exceeds basic traffic tickets? YES | NO

If yes, describe: _____

Schools/Daycare will require a background check to work with the children, is there an instance where you will

NOT pass? YES | NO

JOB EXPERIENCE:

Available Start Date: _____

Desired Pay Range: _____ (hourly)

Are you currently employed? _____

If yes, where: POSITION: _____ DATES EMPLOYED: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE: ( ) _____- _____ SUPERVISIOR: _____

MAY WE CONTACT THEM? YES | NO (circle one)

LAST TWO (2) PREVIOUS EMPLOYERS:

POSITION: _____ DATES EMPLOYED: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE: ( ) _____- _____ SUPERVISIOR: _____

REASON FOR LEAVING: _____

POSITION: _____ DATES EMPLOYED: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE: ( ) _____- _____ SUPERVISIOR: _____

REASON FOR LEAVING: _____

I certify that the information provided is accurate and truthful to the best of my knowledge:

SIGNATURE: _____ DATE: _____