

INCLUSIVE HOOPS BASKETBALL

Position Applied For: _____

Personal Information:

First Name: _____

Last name: _____

Address: _____

Phone Number: _____

Email Address: _____

Educational Background:

Highest Level of Education: _____

School/University Name: _____

Degree Obtained: _____

Most Recent Employment:

Company Name: _____

Job Title: _____

Dates of Employment:

From _____ To _____

Responsibilities: _____

Previous Employment (if applicable):

Company Name: _____

Job Title: _____

Dates of Employment:

From _____ To _____

Responsibilities: _____

Skills and Certifications:

Relevant Skills: _____

Certifications (if any): _____

Start Date: _____

Are you legally eligible to work in this country?

☐ Yes

☐ No

If hired, you will have to provide a police check

Professional References (Name and Contact):

1. _____

2. _____

Declaration:

I understand the unique requirements of working with children with special needs in a basketball program and commit to fostering an inclusive and positive experience. I agree to follow the guidelines provided by Inclusive Hoops Basketball.

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements or omissions may result in disqualification from employment or termination if already employed.

Applicant's Signature: _____

Date: _____