

RECREATIONAL SPORTS CLASS INSTRUCTOR APPLICATION

Name: _____ Classification: _____ Intended Graduation: _____

Address: _____ Major: _____

_____ Summer Phone Number: _____
_____ Zip code

Phone Number: _____ SS#: _____ Today's Date: _____

Permanent Address: _____

_____ Zip Code

Phone Number: _____ Email Address: _____

Experience:

1. Please list teaching experiences (if you have any):

2. Please list credentials, certifications or classes taken that pertain to aerobics/exercise:

3. Do you have any weight training, body sculpting or toning experience? If yes, explain.

4. Do you have water fitness, kickboxing, group cycling or dance experience? If yes, explain.

All instructors must have a current Adult CPR/AED certification before teaching (Not necessary for audition):

_____ I am currently certified
_____ I am not currently certified but am willing to acquire CPR.

Please circle the group exercise certifications you have:

AFAA ACE ACSM NDEITA NWFI AEA OTHER: _____

Work References:

	Company Name	Your Position	Supervisor Name	Phone No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Availability: (for summer applicants only)

Check all that apply

_____	Not Available during summer	_____	2 nd Summer Session	_____	Both Sessions
_____	1 st Summer Session	_____	12 – 1 PM	_____	3 – 5:30 PM
_____	6 – 8 AM	_____	8 – 9 PM	_____	Weekends
_____	5:30 – 8 PM				

_____ Office Use Only

Date Rec'd _____ Interview Date _____ Not Interviewed _____ Status: Hired _____ Not Hired: _____ 2003