

Instructor Application

Name (Last, First, Middle):				
Street Address:		City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:	
Are you eligible to work in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about Stroller Strides?				

FITNESS EXPERIENCE:

Certifications:
Related Education:
Have you ever taught group exercise? If yes, what formats?
What are your fitness/sports hobbies?
Do you have any pre/postnatal fitness experience?
Any additional information:

WORK EXPERIENCE: Most Recent Employer

Dates of Employment	Position:	Reason for Leaving:
Phone:	Organization Name and Address:	
Fax:		
Supervisor's Name, Title and Phone, Email:		Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate

OTHER

Personal Reference Name, Title, Phone, Email:	
Emergency Contact -Name and Relationship:	Phone Number:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.

Applicant Signature: _____

Date: _____