APPLICATION FOR EMPLOYMENT

Please complete and mail or email a copy of this form to: Sartell Sapphire Gymnastice, Inc, PO Box 196, Sartell MN 56377 www.sartellsapphires.com sartellsapphiregymnastics@gmail.com

Last Name	First Name	Middle initial	Telephone Number	
Mailing Address			Cell Number	
City	STATE	ZIP	EMAIL:	
POSITION APPLYING FOR: How did you hear about the Sartell Sapphires?				
Coaching experience				
Check those that apply: MAGA coaching experienceMAGA judgeMAGA competitiorCLUB				
TYPE OF WORK DESIRED (circle all that apply) PART-TIME FULL-TIME SUBSTITUTE VOLUNTEER				
AVAILABILITY- PLEASE BE SPECIFIC:				
Have you ever been employed with THE SARTELL SAPPHIRE PROGRAM before? YES NO When?				
Have you ever APPLIED to SARTELL SAPPHIRE GYMNASTICS, INC before? YES NO When?				
MINIMUM ACCEPTABLE SALARY: \$ PER HOUR				
DATE AVAILABLE TO START:				
In the past 7 years, have you been conv YES NO If "yes applicant from employment)				
Have you ever been disqualified from th children?	ne department of human servic YES NO	•		zith
EDUCATION:	l			
School	Name and location of School	Course of Study	Completed years	Graduate?
College				
High				
Trade/Other				