

Instructor Application

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|--|-------------|--|--------------|--|
| 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:

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|---|
| 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: _____