

# LOVE Swimming Swim America

## Coach Application

The following information is requested in order to help us make the best possible placement within our Sports Ministry. All portions of this application pertaining to you must be completed. We appreciate the time you spent in filling in this application form. In accordance with State and Federal Laws, Trinity Fellowship Church Sports Ministry's does not discriminate on the basis of age, race, religion, color, sex, and national origin, and marital status, physical or mental handicaps.

Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  
Please Print

Present Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_ Email: \_\_\_\_\_

How did you learn of this opening? Advertisement: \_\_\_ Referred: \_\_\_ Online: \_\_\_ Other: \_\_\_\_\_

Do you want to work Full-time \_\_\_ or Part-time \_\_\_? Specify days and hours if part-time: \_\_\_\_\_

### EDUCATION

HIGH SCHOOL NAME OF SCHOOL	COLLEGE NAME OF SCHOOL	BUSINESS, TRADE, OTHER, NAME OF SCHOOL
City _____ State _____	City _____ State _____	City _____ State _____
(CIRCLE LAST COMPLETED GRADE)	(CIRCLE LAST COMPLETED YEAR)	COURSE
9 10 11 12	FR. SO. JR. SR.	DEGREE/DIPLOMA EARNED
DIPLOMA YES NO	DEGREE EARNED	

### PERSONAL REFERENCE (Not former employers or relatives)

Name:	Name:	Name:
Position _____	Position _____	Position _____
Company _____	Company _____	Company _____
Address _____	Address _____	Address _____
Telephone ( ) _____	Telephone ( ) _____	Telephone ( ) _____
Dates from: _____ to: _____	Dates from: _____ to: _____	Dates from: _____ to: _____

### AQUATIC EXPERIENCE (Please list most recent first)

1. Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Position \_\_\_\_\_ Phone \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Can we contact? \_\_\_\_\_  
 Dates from \_\_\_\_\_ to \_\_\_\_\_

2. Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Position \_\_\_\_\_ Phone \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_ Can we contact? \_\_\_\_\_  
 Dates from \_\_\_\_\_ to \_\_\_\_\_

8144 Terre Bleue Drive, P.O. Box 345, Bonne Terre, Missouri 63628  
 Office/Fax: 573-358-7727 \* Office Cell: 573-366-0410

E-Mail: [programs@loveswimming.org](mailto:programs@loveswimming.org) \* Website: <http://www.loveswimming.org>

"Love one another. As I have loved you, so you must love one another. John 13:34

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Have you worked in a swim lessons program before? Yes \_\_\_\_ or No \_\_\_\_

If yes, please give dates, location: \_\_\_\_\_

Please explain experiences, skills, or qualifications which you feel would especially fit you to the job applied for:

Do you hold any of the following? \_\_\_\_ First Aid \_\_\_\_ CPR \_\_\_\_ Lifesaving

Have you ever been convicted of, or plead guilty or no contest before a court of any Federal, State or Municipality to a criminal offenses, excluding minor traffic violations? \_\_Yes or \_\_ No

If yes, describe in full and give details like the date, location, nature and facts surrounding each conviction: \_\_\_\_\_

**(Note: A criminal conviction is not an absolute bar to employment but will be considered in relation to specific job requirements.)**

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification or omissions in this application in any detail is grounds for disqualification from further consideration or for dismissal from employment. I authorize Trinity Fellowship Church Sports Ministry Swim America Program, the Amateur Athletic Union (AAU) and USA Swimming to investigate all statements made from all prior employers, references and law enforcement agencies. I hereby release all those persons, employers, references, agencies and Trinity Fellowship Church Sports Ministry Swim America Program from any and all liability arising from their giving or receiving information about my employment history, qualifications or criminal record.

I agree to conform to the rules and regulations of the company, and understand that if hired I will be a "at-will" employee, and that my employment compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I further understand that no personnel recruiter or interviewer or other representative of the company other than the Program Director has any authority to enter into any agreement for employment for any specified period of time.

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after the expiration of 60 days from the date of this application, it will be my duty to fill out a new application and file it with the company. Otherwise, I understand the company will not consider me for employment after the expiration of 60 days from the date of this application.

I understand that if my application is considered favorably, I will be required to produce verification that I meet the necessary age requirements of the job I applied for and verify I am legally entitled to work in the United States before I begin my employment.

I have read the above and by signing below state that I understand and agree to the terms set forth in the above statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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