



# DUDZIAK'S SCHOOL OF GYMNASTICS

## Coaching/Teaching Application Form

9 Pomerleau Street,  
Biddeford ME 04005  
(207) 286-3685

Thank you for your interest in Dudziak's School of Gymnastics/Mind & Muscle Preschool. Please complete the following form and return to the Maine Office. Additional forms (Resumes, Cover Letters, and References) may also be submitted.

Name: _____	Home Phone: _____
Address: _____	Cell: _____
_____	Social Sec # ____ - ____ - ____
Email: _____	Date of Birth: ____ / ____ / ____

Are you legally eligible for employment in the US? ☐ Yes ☐ No

What date can you begin work? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Please indicate times in which you'll be available:

Monday:	Thursday:
Tuesday:	Friday:
Wednesday:	Saturday:

Would you be available to work birthday parties on the weekend? \_\_\_\_\_

Do you have any previous coaching experience? ☐ Yes ☐ No

If so, what skill levels or age groups? \_\_\_\_\_

Do you have any choreography or dance experience? ☐ Yes ☐ No

If so, what type of dance? \_\_\_\_\_

Do you have any previous spotting experience? ☐ Yes ☐ No What levels? \_\_\_\_\_

Are you capable of spotting gymnasts of 100+ lbs? ☐ Yes ☐ No

Are you willing to travel to team meets? ☐ Yes ☐ No

Do you have any previous teaching experience? ☐ Yes ☐ No

If so, what grades or age groups? \_\_\_\_\_

Have you worked at a recreational department or daycare? ☐ Yes ☐ No

If so, what type of position? \_\_\_\_\_

Do you have any previous classroom lesson planning experience? ☐ Yes ☐ No

What grades? \_\_\_\_\_

Please check any areas of interest: ☐ Recreational ☐ Tumbling  
☐ Preschool ☐ Cheering  
☐ Team ☐ Trampoline  
☐ B-day parties ☐ Other

## EDUCATIONAL BACKGROUND

INSTITUTION	DATES ENROLLED	FIELD OF STUDY	GRADUATE DEGREE

## EMPLOYMENT HISTORY

Please list employment beginning with most recent.

EMPLOYER	DATES EMPLOYED	POSITION/DUTIES	REASON FOR LEAVING
Supervisor's Name:		Phone #	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER	DATES EMPLOYED	POSITION/DUTIES	REASON FOR LEAVING
Supervisor's Name:		Phone #	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER	DATES EMPLOYED	POSITION/DUTIES	REASON FOR LEAVING
Supervisor's Name:		Phone #	
Can we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please indicate any applicable memberships, certifications, or training you may have (USAG, first aid, CPR, medical, nutritional, etc.)

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, please list all criminal convictions:

Please use the space provided for any additional information: