



Sports City Lil' Kickers Program

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Santa Rosa Facility

921 Piner Road
 Santa Rosa, CA 95403

Cotati Facility

6700 Stony Point Road
 Cotati, CA 94931

Lil' Kickers Instructor Application

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ E-MAIL ADDRESS _____

EMPLOYMENT

HOURS DESIRED PER WEEK? _____ DATE YOU CAN START? _____ HOW LONG OF A COMMITMENT ARE YOU LOOKING FOR? _____

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO SPORTS CITY BEFORE? YES NO WHEN? _____ WHO REFERRED YOU? _____

AVAILABILITY

PLEASE LIST YOUR AVAILABILITY BELOW

Day	Santa Rosa Facility	Cotati Facility
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

CHILD DEVELOPMENT EXPERIENCE

DO YOU HAVE ANY EXPERIENCE WORKING WITH YOUNG CHILDREN? YES NO

IF YES WHAT AGES? 18—24 MOS. 2—3 YRS. 4-5 YRS. 6—10 YRS.

IF YES, WHERE? _____ HOW LONG? _____

PLEASE DESCRIBE EXPERIENCE / EXPERIENCES? _____

SOCCER OR COACHING EXPERIENCE

WHAT TYPE OF SOCCER EXPERIENCE DO YOU HAVE? INDOOR OUTDOOR BOTH

DO YOU CURRENTLY PLAY AT SPORTS CITY? YES NO IF YES, WHAT TEAM/DIV.? _____

HAVE YOU COACHED ANY YOUTH TEAMS? YES NO IF YES, WHAT AGE? _____

PLEASE DESCRIBE YOUR COACHING EXPERIENCE / EXPERIENCES _____

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
CHILD DEVELOPMENT COURSES				
SPECIAL TRAINING WITH CHILDREN				

PREVIOUS EMPLOYERS

LIST BELOW THE LAST TWO EMPLOYERS, STARTING WITH THE MOST RECENT:

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING WAGE	FINAL WAGE	MAY WE CONTACT YOUR SUPERVISOR?	
NAME OF SUPERVISOR	TITLE	PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP CODE
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING WAGE	FINAL WAGE	MAY WE CONTACT YOUR SUPERVISOR?	
NAME OF SUPERVISOR	TITLE	PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

BELOW, GIVE THE NAMES OF TWO PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME	BUSINESS	YEARS ACQUAINTED

AUTHORIZATION: "I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL."

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNED

DATE