

Skating Club of Maine

23 50th Fire Road
South China, ME 04358
445-4892

Email: central@scmaine.org

Website: www.scmaine.org

COACHING APPLICATION

Please answer all questions to the best of your ability. Indicating *see resume* is not an acceptable answer. Type or print clearly. Attach a copy of your resume (if available).

Personal Information	
Last Name: First Name: MI:	
Address:	
City: State: Zip:	
Daytime Telephone: ()	E-mail:
Are you 18 years of age or older? <input type="radio"/> Yes <input type="radio"/> No	USFS #
Are you presently legally authorized to work in the United States? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever been convicted of a crime?* <input type="radio"/> Yes <input type="radio"/> No <i>Identify all misdemeanor and felony convictions.</i>	
Are there any felony charges pending against you?* <input type="radio"/> Yes <input type="radio"/> No	
Please give dates, places, charges and disposition of all convictions, and any other information about convictions you would like us to consider. The SCOM requires a criminal background check that reveals no crimes against children for child maltreatment or other behaviors that could place children or others at risk.	
Have you ever been substantiated by a state child welfare agency for child maltreatment	
*A yes response does not automatically disqualify a job applicant from further consideration. Each application is evaluated individually, based on a number of factors including the nature of the crime, how long ago the crime and/or release from incarceration occurred, whether a sufficient or satisfactory work record has been established since the crime and/or release from incarceration, and the position applied for.	

Education Highest Grade Completed:

Skating Background			Please list the highest test you've passed and the date you passed it (MM/YY) for each of the following:		
Discipline	Level	Date	Discipline	Level	Date
Free Skating:			Pairs:		
Compulsory Dance:			Free Dance:		
Moves in the Field:			Figures:		
Please list or attach listing of the various locations where you have trained as a skater. Include rink or club name, years and names of coaches.					
Please list or attach listing of any competitive experience you have had as a skater that you would like us to know about. Include as much information as possible.					
Have you passed the USFS Basic Skills Instructor Workshop <input type="radio"/> Yes <input type="radio"/> No If yes, when (MM/YY)? Please attach certificate of completion.					

Have you passed the PSA Basic Accreditation (BA) exam? Yes No If yes, when (MM/YY)?

Ratings						Please list the highest PSA certification level you have achieved and the date you achieved it (MM/YY) for each of the following:					
Discipline		Rating		Date		Discipline		Rating		Date	
Free Skating:						Figures:					
Figure & Free Skating:						Pairs:					
Moves in the Field:						Group:					
Program Director:						Dance:					
Synchronized Team:						Free Dance:					
Choreography & Style:						Emeritus:					
Are you ratings active? <input type="radio"/> Yes <input type="radio"/> No											

Training Courses/Seminars		Please list any relevant courses/seminars you have completed, not included in education above, including First Aid certification:									
Course Title		Completion Date (MM/YY)									
1.											
2.											
3.											
4.											
5.											
6.											

Honors			Please list any honors or awards you have received:								
Honor or Award			Grantor			Award Date (MM/YY)					
1.											
2.											
3.											
4.											
5.											
6.											

Coaching Background											
How long have you been coaching?											
What is current hourly rate to you charge your clients?											
Please list or attach listing of all disciplines you have coached:											
Please list or attach listing of any other information about your coaching experience (other than what you've listed above) that you would like us to know, this can include competition and test records of your skaters, levels or skaters coached, etc..											
Do you have professional liability insurance in force with a minimum limit of liability of \$1,000,000? <input type="radio"/> Yes <input type="radio"/> No Does it list the Skating Club of Maine as an additional insured. <input type="radio"/> Yes <input type="radio"/> No											
Have you ever been convicted of a grievance with U.S. Figure Skating, the PSA or the ISI?*											
<input type="radio"/> Yes <input type="radio"/> No											
Are there any grievance charges pending against you with U.S. Figure Skating, the PSA or the											

ISI?* <input type="radio"/> Yes <input type="radio"/> No
Please give or attach listing of dates, places, charges and disposition of all U.S. Figure Skating, the PSA or the ISI grievance convictions, and any other information about convictions you would like us to consider.
*A yes response does not automatically disqualify a job applicant from further consideration. Each application is evaluated individually, based on a number of factors including the nature of the grievance, how long ago the grievance occurred, whether a sufficient or satisfactory record has been established since the grievance, and the position applied for.

Employment History	Start with present or most recent employer. List all paid employment, full-time and part-time. Include all positions held. Please print clearly.
Employer: Telephone: ()	
City: State: Zip:	
Supervisor's Name: May we contact your supervisor? <input type="radio"/> Yes <input type="radio"/> No	
Start Date (MM/YY): End Date (MM/YY): Number of Hours:	
End Title: Reason for Leaving:	
Duties:	

Employer: Telephone: ()
City: State: Zip:
Supervisor's Name: May we contact your supervisor? <input type="radio"/> Yes <input type="radio"/> No
Start Date (MM/YY): End Date (MM/YY): Number of Hours:
End Title: Reason for Leaving:
Duties:

Employer: Telephone: ()
City: State: Zip:
Supervisor's Name: May we contact your supervisor? <input type="radio"/> Yes <input type="radio"/> No
Start Date (MM/YY): End Date (MM/YY): Number of Hours:
End Title: Reason for Leaving:
Duties:

Employer: Telephone: ()
City: State: Zip:
Supervisor's Name: May we contact your supervisor? <input type="radio"/> Yes <input type="radio"/> No
Start Date (MM/YY): End Date (MM/YY): Number of Hours:
End Title: Reason for Leaving:
Duties:

References	Please list three references (athletes 12 & older, parents, professional colleagues).
Name: E-mail: ()	
Address:	
City: State: Zip:	
Daytime Phone: () Evening Phone: ()	

