EAST COAST AQUATIC EMPLOYMENT APPLICATION



Please Scan/email to CoachArt.ecat@gmail.com or feel free to Mail to 600 Hopi Ct, Portsmouth, VA 23701

PERSONAL DATA		- 3		, ,	•	
Name						
	First	MI		Last	Suffix (Jr, III, IV)	
SSN#		Drivers License #	State	Exp Date	Date of Birth	
Present Address						
		Address		City	State	Zip
Previous Address Last 5 years req'd		Address		City	State	Zip
Previous Address		. 100. 000		5.0,		- .p
Dhono		Address	- Fmail	City	State	Zip
Phone	(999) 999-999	9	Email			
EDUCATION						
	I	nstitution name	Years completed	Field of study	Graduate	or degree
		istitution name	Completed	Tield of study	Graduate	or degree
High School						
College/University						
Business/Technical						
Additional						
				•		
EMPLOYMENT HIST			+:+lo/d+:oo ol	::lla.	Ctout data.	Final data.
Employer name and	raduress:	Position	title/duties, sk	ans:	Start date:	End date:
					Reason for le	eaving:
		-				
		1				
Telephone:		Supervisor:				
Employer name and address:		Position title/duties, skills:			Start date:	End date:
		-			Reason for le	eaving:
		-				
Telephone:		Supervisor:			-	
Employer name and	l address:	Position	title/duties, sk	tills:	Start date:	End date:
		4			Reason for le	eaving:
		1				
		<u></u>				
Telephone:		Supervisor:				

COACHING AND YOUTH SPORTS EXPERIENCE							
Position Held	League/Team Name	Dates	Address	City	State		
Position Held	League/Team Name	Dates	Address	City	State		
Position Held	League/Team Name	Dates	Address	City	State		
Position Held	League/Team Name	Dates	Address	City	State		
Position Held	League/Team Name	Dates	Address	City	State		
ADDITIONAL IN	IFORMATION THAT COULD	HELP YOU QUALII	Y FOR THIS POSITION	ON			
teaching or other	KIIIS.						
CRIMINAL HIST	ORY AND BACKGROUND						
pending agains	been convicted of a crime, o t you?(Y/N) the date, charge, jurisdiction			you have any o	charges		
Have any complaints or allegations ever been made with any other swim or athletic organization that your conduct violated standards now contained in USA Swimming's Athlete Protection Policies or Code of Conduct?(Y/N) If Yes, explain the nature and resolution of the complaints or allegations:							
LICT DEFEDENCE	TC / austonoble a successive	les con about vous	······································		_		
LIST REFERENCES (preferably persons who know about your work/training)							
Name	Address		Pho (one Number)	-		
			()	-		
			()	-		

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

By signing this application, I hereby verify that the information provided is true and correct. I further certify that I understand that the intent of East Coast Aquatic, LLC is to deny a position to anyone convicted of a crime of violence or a crime against another person. I understand and agree that East Coast Aquatic, LLC its affiliates may, in their sole discretion, decline to accept my application for volunteer/staff services with or without cause.

Signature of Applicant	Date	