

U.S. Gymnastics Training Centers 2010

Mike Jacobson P.O. Box 4088 Tequesta, FL 33469 561 743-8550

Athletic Trainer's Application

(Mail required information and completed application to the above address)

Camp dates August 1 - 7 and August 8 - 14

We need a copy of your resume, current trainer's certifications, and three written recommendations from employers or supervisors, familiar with this type of position.

Have you ever been arrested or do you have any criminal litigation against you pending at this time?

Please explain _____

_____/_____/_____
Last Name First Name Mid Initial Sex Date of Birth Social security number

Home Street or Box Number Town State Zip Code

() _____ - _____ () _____ - _____ () _____ - _____
Home tel. number Office tel. number Cell tel. number

Home E-mail address Office E-Mail Address

Have you ever worked at a camp before? _____. What were your responsibilities? _____

What experience do you have as an athletic training? _____

List three professional references we can call. No family members.

1. _____ () _____
Name Tel. number

Relationship

2. _____ () _____ - _____
Name Tel. number

Relationship

3. _____ () _____ - _____
Name Tel. number

Relationship

My last job was with _____ () _____
Company Employer Tel. number

Reason for leaving _____

Present Job _____ How long working there? _____

Contact person _____ Tel. Number () _____ - _____ form 9/30/09