



# The Skating Club of Boston Skating Academy

## Summer Camp at Babson College Staff Application



### APPLICANT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CITIZEN OF USA:  Yes  No If no, are you authorized to work in the US?  Yes  No

HAVE YOU EVER WORKED FOR THE SKATING CLUB OF BOSTON?  Yes  No If yes, when? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  Yes  No If yes, explain: \_\_\_\_\_

EMERGENCY CONTACT #1 NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT #2 NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### EDUCATION HISTORY

HIGH SCHOOL NAME: \_\_\_\_\_ CITY/TOWN, STATE: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ DID YOU GRADUATE?  Yes  No

COLLEGE / UNIVERSITY: \_\_\_\_\_ CITY/TOWN, STATE: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ DID YOU GRADUATE?  Yes  No DEGREE: \_\_\_\_\_

OTHER: \_\_\_\_\_ CITY/TOWN, STATE: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ DID YOU GRADUATE?  Yes  No DEGREE: \_\_\_\_\_

### REFERENCES – Please list three professional references

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

COMPANY / ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

COMPANY / ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

COMPANY / ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### SKATING BACKGROUND

U.S. FIGURE SKATING MEMBERSHIP #: \_\_\_\_\_ WILL YOU BE A REGISTERED COACH WITH U.S. FIGURE SKATING AS OF JULY 1, 2012?  Yes  No

FREE SKATE LEVEL: \_\_\_\_\_ MOVES IN THE FIELD LEVEL: \_\_\_\_\_ PAIRS / DANCE LEVEL: \_\_\_\_\_

HOME CLUB: \_\_\_\_\_ OPTIONAL – PSA MEMBERSHIP #: \_\_\_\_\_

OTHER RELEVANT SKATING HISTORY /BACKGROUND INFO: \_\_\_\_\_



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### PREVIOUS EMPLOYMENT

COMPANY / ADDRESS:		PHONE NUMBER:
JOB TITLE:		SUPERVISOR:
RESPONSIBILITIES:		CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE WORKED FROM:	TO:	REASON FOR LEAVING:
COMPANY / ADDRESS:		PHONE NUMBER:
JOB TITLE:		SUPERVISOR:
RESPONSIBILITIES:		CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE WORKED FROM:	TO:	REASON FOR LEAVING:
COMPANY / ADDRESS:		PHONE NUMBER:
JOB TITLE:		SUPERVISOR:
RESPONSIBILITIES:		CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE WORKED FROM:	TO:	REASON FOR LEAVING:

### DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information on my application or interview may result in my release.

Additionally, please note that upon potential hiring, applicants are required to provide proof of a physical examination from a physician within the last 24 months.\*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*Upon hiring, in accordance with Massachusetts state law, applicants will be required to provide specified health records before job placement can be complete. We must require a health record for each staff member which will note the staff member's name address and telephone numbers of staff and parents and/or guardians if under 18; a written authorization for emergency medical care signed by parent or guardian if under 18; any travel locations and telephone numbers of the staff members family during sessions; the name address and telephone numbers of the staff members physical along with the name, phone number and appropriate policy numbers of the staff members health insurance; the health history and report of physical examination along with documentation of immunizations as required by the Commonwealth of Massachusetts.

Applications should be mailed to: The Skating Club of Boston  
C/O: Kiva Leibowitz  
1240 Soldiers Field Road  
Boston, MA 02135

Faxed to: 617-782-7846  
Emailed to: info@skatingacademy.org