



DETROIT RECREATION DEPARTMENT
Coca-Cola Troop for Fitness Program
Employment Application

PERSONAL INFORMATION

Name: _____
Last First M.I.

Address _____
Street City, State Zip Code

Contact Information () () _____
Phone Number Mobile Email

Gender (optional) Male _____ Female _____

Ethnic Origin White / Black / African Mexican /
(optional) Caucasian _____ America _____ Hispanic _____ Other _____

Have you ever worked for the Detroit Recreation Department under another name(s)? Yes _____ No _____

If yes, What was the Name(s)? _____

POSITION APPLYING FOR (CHECK ALL THAT APPLY)

____ Cardio Aerobics _____ HI/Low Impact Aerobics _____ Karate
____ Kickboxing _____ Latin Movement Exercise _____ Martial Arts
____ Water Aerobics _____ Yoga _____ Other _____

MILITARY SERVICE

Branch _____ Grade/Rank _____ Discharge Status _____

Dates in Service (mo/yr) _____ / _____ to _____ / _____

Can you provide a copy of your DD214? Yes _____ No _____

Describe any training received relevant to the position for which you are applying

What is your Skill Area? _____

WORK EXPERIENCE

Certifications _____ Group Exercise
(Check all that apply) _____ CPR _____ First Aid (Please List) _____
_____ Other _____

Please list all the types of group exercise classes you have instructed

Experience Related to position applying for

Company Name	Dates	Duties	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

School/Location

Graduate?

Degree?

Major / Subject of Study

Volunteers and Others:

GENERAL INFORMATION

Do you currently possess a Valid Drivers License? _____ Regular _____ Chauffeur _____

Drivers License Number _____ State Issued _____

Do you have any Impairments, Physical, Mental or Medical which would interfere with your ability to do the job for which you applied? _____ If yes, Please Explain _____

Are there any Felony Charges Pending Against you? Yes _____ No _____

If yes, please explain _____

Emergency Contact Information

Name	Address	Phone Number	Relationship
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Do you currently hold a License, Registration or Certificate to Practice as a Member of a Profession, Occupation or Trade? Yes _____ No _____ If yes, Please Indicate _____

Type	Issuing Authority	Number	Date of Issue	Date of Expiration

How Did you hear about the Coca-Cola Troops for Fitness Program?

_____ Recreation Center	_____ Flyer	_____ Newspaper
_____ Military Organization	_____ Television	_____ Other _____

PERSONAL REFERENCE (No Relatives)

Name	Address	Phone Number

I ATTEST THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE TO THE BEST OF MY KNOWLEDGE

Signature _____ Date _____

DO NOT WRITE BELOW (For Recreation Personnel Only)

Interview by _____ Title _____ Date _____

Copies

Personnel File

Division/Unit File