



COACHING APPLICATION

Applicant Information

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street Address Apt./Unit #

City State Zip

Phone: _____ Email: _____

Are you available for training 6/20/22 and 6/21/22? Yes No

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Education

What is your highest level of education completed? Bachelor's Master's EdD PhD

College: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

References

Please list three professional references

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____
May we contact your previous employer for a reference: Yes No

Company: _____ Phone: _____
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Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for leaving: _____

May we contact your previous employer for a reference: Yes No

Written Response

- 1. Why do you want to be a wellness coach for educators?

- 2. What does wellness mean to you?

- 3. What unique gifts or strengths do you feel you can bring to the position?

Disclaimer and Signature

Opportunity Thrive is proud to be an equal opportunity workplace and is an affirmative action employer. We are committed to equal employment opportunity regardless of race, color, ancestry, religion, sex, national origin, sexual orientation, age, citizenship, marital status, disability, gender identity or veteran status.

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 in my application or interview may result in my release.

Signature: _____

Date: _____