ABILITIES UNLIMITED

EMPLOYMENT APPLICATION - ADAPTIVE PERSONAL TRAINER

7232 Varnedoe Drive, Savannah, GA 31406 | 912-660-6914 | abilitiesunlimitedsav@gmail.com

APPLICANT INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____
Date Available to Start: _____ Position: Adaptive Personal Trainer
Employment Desired: [ ] Full-Time [ ] Part-Time [ ] PRN / As Needed

AVAILABILITY

Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____ Saturday: _____
Sunday: _____ Early morning/evening sessions? [ ] Yes [ ] No

EDUCATION

High School: _____

College/University: _____

Degree/Major: _____

Other Education or Training: _____

Currently a student? [ ] Yes [ ] No School/Program: _____
Expected Graduation Date: _____

CERTIFICATIONS & PROFESSIONAL TRAINING

[ ] Certified Personal Trainer [ ] CPR/AED [ ] First Aid [ ] PT/PTA Student or Graduate
[ ] Exercise Science/Kinesiology [ ] Adaptive Fitness [ ] Special Olympics Experience
[ ] Strength & Conditioning [ ] Other: _____
Certification Organization(s): _____

Expiration Date(s), if applicable: _____

EXPERIENCE WORKING WITH INDIVIDUALS WITH DISABILITIES

Have you worked with individuals with physical, intellectual, developmental, neurological, or other disabilities? [ ] Yes [ ] No
If yes, please describe:

_____

_____

_____

Experience with (check all that apply):
[ ] Intellectual/Developmental Disabilities [ ] Autism [ ] Down Syndrome [ ] Cerebral Palsy [ ] Stroke/CVA
[ ] Spinal Cord Injury [ ] Multiple Sclerosis [ ] Parkinson's [ ] Traumatic Brain Injury [ ] Older Adults
[ ] Mobility Impairments/Wheelchair Users [ ] Other: _____

FITNESS & TRAINING EXPERIENCE

Describe your personal training, fitness, rehabilitation, therapy, coaching, or related experience:

_____

_____

_____

Can you modify exercises for individual abilities/limitations? [ ] Yes [ ] No Provide one-on-one adaptive exercise? [ ] Yes [ ] No
Comfortable assisting with exercise equipment and safe positioning within your role/training? [ ] Yes [ ] No

PLEASE CONTINUE ON BACK →

EMPLOYMENT HISTORY

Employer: _____

Position: _____ Dates Employed: _____
Supervisor: _____ Phone: _____
Primary Responsibilities:

_____

_____

Reason for Leaving: _____

Employer: _____

Position: _____ Dates Employed: _____
Supervisor: _____ Phone: _____
Primary Responsibilities:

_____

_____

Reason for Leaving: _____

PROFESSIONAL REFERENCES

1. Name: _____

Relationship: _____ Phone: _____
Email: _____

2. Name: _____

Relationship: _____ Phone: _____
Email: _____

WHY ABILITIES UNLIMITED?

Why are you interested in working as an Adaptive Personal Trainer with individuals with disabilities?

_____

_____

_____

What qualities would you bring to our clients and our team?

_____

_____

_____

APPLICANT ACKNOWLEDGMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may disqualify me from consideration for employment or may result in termination if hired. Submission of this application does not constitute an employment contract or guarantee of employment. I authorize Abilities Unlimited to contact the employers, educational institutions, and professional references listed for employment-related purposes, as permitted by law.

Applicant Signature: _____

Printed Name: _____ Date: _____

FOR OFFICE USE ONLY

Interview Date: _____ Interviewer: _____
Certifications Verified: [ ] Yes [ ] No [ ] N/A References Checked: [ ] Yes [ ] No
Background Screening (if applicable): _____

Hiring Decision / Notes:

_____

_____

Proposed Start Date: _____