

## Questionnaire

Page 1 of 4

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE -  
 Scan and email to [info@yourcourttennis.com](mailto:info@yourcourttennis.com) or mail to Your Court Tennis  
 4075 Crystal Dawn Ln. #103, San Diego, CA 92122

DATE \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle Maiden

Present address \_\_\_\_\_

Number

Street

City

State

Zip

How long at above address: \_\_\_\_\_

Telephone: Home-(\_\_\_\_) \_\_\_\_\_

Cell-(\_\_\_\_) \_\_\_\_\_

Work-(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Years Experience Coaching: \_\_\_\_\_

Private Rate: \_\_\_\_\_

Location for Private Lessons: \_\_\_\_\_

Days/times available to coach

Thurs

Mon

Fri

Tue

Sat

Wed

Sun

Are there any periods during the year when you aren't available to work?

Have you completed a TB skin test within the last 3 years (coaching applicants only)?

Do you have a current CPR and First Aid certificates: \_\_\_\_\_

Date available? \_\_\_\_\_

Are you a U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis? ☐ No ☐ Yes

If applicable, please list your visa type, visa number and expiration date:

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

		Page 2 of 4
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes (This will not automatically disqualify you from employment)		
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____		
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No Number _____		
State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur Expiration date _____		
Do you own a car ? _____ If yes, year, make and model? _____		
Have you had any accidents during the past three years? <input type="checkbox"/>		
Yes <input type="checkbox"/> No		How many? _____
Have you had any moving violations during the past three years? <input type="checkbox"/>		
Yes <input type="checkbox"/> No		How Many? _____
Coaches are required to have a criminal background check. Are you willing to do this?		
Please list two references other than relatives or previous employers who can comment on your abilities.		
Name _____	Name _____	
Position _____	Position _____	
Company _____	Company _____	
Address _____	Address _____	
_____	_____	
Telephone ( ) _____	Telephone ( ) _____	
Please describe a tennis game or drill for kids.		
How do you want your youth students to see you?		

					Page 3 of 4	
		MILITARY				
Branch of Service	Date Entered	Date Discharged	Active or Reserve	Highest Grade	Skill Specialty or Primary Duty	
<b>Work Experience</b>		Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, explain.				
Employer Name and Address			Name of last supervisor		Employment dates	Pay or salary
City, State, Zip Code					From	Start
					To	Final
Phone number			Your last job title			
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
Employer Name and Address			Name of last supervisor		Employment dates	Pay or salary
City, State, Zip Code					From	Start
					To	Final
Phone number			Your Last Job Title			
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						

## Work experience

Continued

Employer Name and Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Employer Name and Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this questionnaire yourself <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did? _____			
What advice would you give to a tennis player who is just starting to compete for the first time?			
What are your hobbies and/or personal interests?			
Signature: _____			