

# MWR Sports & Fitness

StuttgartMWRFitnessCoordination@army.mil

# Application for Fitness Instruction

## Personal Information

Last		First		MI	Phone	Email	
Street Address (local German address)			City	Zip		SOFA Status Yes    No	DEROS
What position are you applying for? (example: group fitness, personal training, massage therapy)				Date Available		If yes to SOFA status, select one: I'm sponsored through other employment I'm sponsored by someone else	
Primary area of expertise/specialized skills						Expected Number of Weekly Classes or Client Sessions	
Certification (Please include name, certifying agency and expiration date)				Certification (Please include name, certifying agency and expiration date)			
Certification (Please include name, certifying agency and expiration date)				Certification (Please include name, certifying agency and expiration date)			
I am willing to volunteer Yes    No		I am willing to host workshops Yes    No		CPR/FA/AED Certification (Please include certifying agency and expiration date)			

## Prior Related Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Phone/Email			
Name of Supervisor			
Dates of Employment	From                      To	From                      To	From                      To
Position/Job Title			
Reason for Leaving			
May We Contact	Yes            No	Yes            No	Yes            No
Accomplishments			

## Availability

Please select the locations, days, and time blocks you are available and willing to teach/work.

Select all that apply.

Then list your first choice for location/days time.

Location	Days of the week	Time Blocks	
Patch Fitness Center	Mondays/Wednesday/Friday	0530-0830	0830-1130
Kelley Fitness Center	Tuesdays/Thursdays	1130-1330	1330-1600
Panzer Fitness Center	Saturdays/Sundays	1600-1800	1800-2000
RB Fitness Center	First Choice Location	First Choice Days	First Choice Time

Note: First choices are not guaranteed.

List any special considerations for scheduling or availability

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being considered. I also understand that if I fail to submit required documents as outlined, my application will not be considered.	Signature	Date
--	-----------	------