Crooked Letter
PERFORMANCE

EMPLOYMENT APPLICATION

COACHING · FRONT DESK · CHILDCARE · FUEL · FACILITY

HOW TO APPLY
Type directly into this form on a computer or in the free Adobe Acrobat Reader app (phone browsers may not save answers), or print it and fill it out by hand. Email it to crookedlettercrossfit@gmail.com or drop it off at the front desk.

1. APPLICANT INFORMATION

Full Name _____ Phone _____

Email _____

Street Address _____

City _____ State _____ ZIP _____

Date Available to Start _____ Desired Hours per Week _____ How did you hear about this position? _____

Are you at least 18 years old?	◯ Yes	◯ No
Do you have reliable transportation?	◯ Yes	◯ No
Are you legally authorized to work in the United States?	◯ Yes	◯ No
Are you currently a CLP member?	◯ Yes	◯ No

2. POSITION OF INTEREST

Check all that apply

☐ Group Fitness Trainer ☐ Personal Trainer ☐ Front Desk
☐ Childcare ☐ Youth Coach ☐ Fuel (Coffee Shop)
☐ Maintenance / Cleaning ☐ Other: _____

Employment Status: ☐ Full-Time ☐ Part-Time ☐ Seasonal

3. AVAILABILITY

Check every time block you can work

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning 5 AM - 12 PM	☐	☐	☐	☐	☐	☐	☐
Afternoon 12 - 5 PM	☐	☐	☐	☐	☐	☐	☐
Evening 5 - 9 PM	☐	☐	☐	☐	☐	☐	☐

Anything we should know about your availability? (school, another job, etc.)

4. EDUCATION & CERTIFICATIONS

Highest Level of Education Completed:

◯ High School / GED ◯ Some College ◯ Associate's
◯ Bachelor's ◯ Graduate Degree ◯ Other

Safety Certifications

			Expiration Date
Do you hold a current CPR certification?	◯ Yes	◯ No	
Do you hold a current First Aid certification?	◯ Yes	◯ No	
Do you hold a current AED certification?	◯ Yes	◯ No	

Other Certifications, Licenses, or Qualifications *(e.g., CF-L1, NASM, ACE, USAW, food handler permit)*

Certification / License	Issuing Organization	Expires

5. WORK EXPERIENCE

Most recent first

First job? Leave this blank and tell us about school, sports, or volunteer work in Section 7.

Employer 1

Employer _____ Position / Title _____

Dates Employed (from - to) _____ Supervisor _____ Phone _____

Main Duties _____

Reason for Leaving _____

May we contact this employer? ◯ Yes ◯ No

Employer 2

Employer _____ Position / Title _____

Dates Employed (from - to) _____ Supervisor _____ Phone _____

Main Duties _____

Reason for Leaving _____

May we contact this employer? ◯ Yes ◯ No

Employer 3

Employer

Position / Title

Dates Employed (from - to)

Supervisor

Phone

Main Duties

Reason for Leaving

May we contact this employer? ◯ Yes ◯ No

6. POSITION-SPECIFIC QUESTIONS

Answer only the parts for positions you checked

GROUP FITNESS TRAINER / PERSONAL TRAINER

Years of coaching experience

Coaching styles (CrossFit, Olympic lifting, HYROX, bodybuilding, etc.)

Do you currently train clients at another gym or facility? ◯ Yes ◯ No

Do you carry your own professional liability insurance? ◯ Yes ◯ No

Briefly describe your coaching experience:

YOUTH COACH / CHILDCARE

Describe your experience working with children (include age ranges):

Are you willing to complete a background check? ◯ Yes ◯ No

FUEL (COFFEE SHOP)

Describe any barista, coffee shop, or food service experience:

Do you hold a current food handler permit? ◯ Yes ◯ No

FRONT DESK

Describe your sales or customer service experience:

Membership software or POS systems you've used

MAINTENANCE / CLEANING

Describe any equipment repair, facility, or trade experience:

7. TELL US ABOUT YOURSELF

Why are you interested in working at Crooked Letter Performance?

What strengths would you bring to our team?

Describe a time you provided outstanding customer service or helped someone succeed.

Where do you see yourself in the next 1-2 years?

8. REFERENCES

Not family members

Reference 1

Name

Relationship

Phone

Email

Reference 2

Name _____ Relationship _____

Phone _____ Email _____

Reference 3

Name _____ Relationship _____

Phone _____ Email _____

9. APPLICANT CERTIFICATION

I certify that the information in this application is true and complete to the best of my knowledge. I understand that false or missing information may disqualify me from employment or lead to dismissal if discovered later. I authorize Crooked Letter Performance to contact my references and previous employers listed above. I understand that, if hired, my employment is at will and may be ended by me or Crooked Letter Performance at any time, with or without notice.

☐ My resume is attached (optional)

Applicant Signature (typing your full name counts as your signature) _____ Date _____

OFFICE USE ONLY

Date Received _____ Interviewed By _____ Interview Date _____

Outcome _____ Position Offered _____ Start Date _____