

Sportz Center Academy
5330 Snapfinger Woods Dr.* Lithonia, Ga. 30035
Office: 770 593-3149 Fax: 770-987-1188



Employment Application

Please Check Your Interest

Employment Application

Coach / Volunteer Application

Date of Application: _____ Position Applying For: _____ Age Group of Interest: _____

First Name: _____ Last Name: _____ Middle Initial: _____

DOB: _____ Social Security Number: _____

Street _____ City _____ State _____ Zip Code _____

Home: _____ Cell: _____ Email: _____

Hours Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Date Available To Start: _____

Do you have a valid Driver's License? _____ Driver's license #: _____ State of issuance: _____

If you are under 18, do you have a permit to work? _____ Have you ever been employed here? _____

Check here if your resume is attached

Your Signature: _____

