

Brookings-Harbor School District 17-C

"Offering Hope, Possibility and Opportunity"

Application for Coaching Position

Name

Position Applied For:

Mailing Address

Sport/Activity

City

State

Zip

School/Department

Home Telephone

Work Telephone

Social Security Number

Coaching Experience

Please complete the following information. By signing this form on the last page of this application, you authorize a thorough investigation of your past coaching activities, agree to cooperate with such investigation and release from all liability and responsibility any persons or corporations requesting or supplying information as part of such investigation.

Coaching Level - Head Coach - Assistant - Azalea - High School

Do you have a teaching certificate? Yes No

If yes, from what state and with what endorsements _____

Expiration Date: _____

Do you have a coaching endorsement that is current? Yes No If yes, attach a copy.

Elementary Level Coaching Experience:

Sport Age of students Number of years

Middle School Coaching Experience:

Sport Grade Level/A team/B team No. of years Paid Position-Yes or No

Have you ever:

Been involuntarily dismissed from a position? Yes_____ No_____

Been asked to resign from a position? Yes_____ No_____

Been convicted, pled guilty, or pled nolo contendere to a felony? Yes_____ No_____

Been convicted, pled guilty, or pled nolo contendere to a crime involving child abuse or sexual abuse? Yes_____ No_____

If any of the above are marked yes, please explain, using an additional page as necessary:

Are you legally permitted to work in the United States: Yes_____ No_____ (Employment will be contingent on providing proof of citizenship or work authorization)

Are you at least 18 years old? Yes_____ No_____ (Proof of age may be required after job offer)

Have you been known by or used any other name(s) that we may need in order to verify your education and employment records as furnished in this application? Yes_____ No_____

If yes, identify name(s):_____

PLEASE READ CAREFULLY AND SIGN THIS APPLICATION ON THE FOLLOWING PAGE

Applicant’s Authorization:

I certify that all information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s) or in the process of my pre-employment evaluation may result in rejection of my application or termination if I am hired. I further agree to hold Brookings-Harbor School District 17-C and any persons or corporations responding to my employment history investigation harmless from any legal action based on such investigation.

I understand that if employed, I will be required to abide by all school district policies, standards and regulations.

I understand that this application does not represent an offer of, or contract for, employment. I understand that employment with this school district is “at will” and that no guarantee of job exists. If employed, I may terminate employment for any reason, with reasonable notice, and the district may terminate my employment at any time, subject to negotiated contract and state and federal laws, if applicable.

I understand that if I am the successful candidate, I will be required at my own expense to submit fingerprints, and will be subject to State Police and FBI criminal background records checks.

I understand that satisfactory completion of a pre-employment drug screening test is required for employment in the district.

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I authorize the school district to check my references, to obtain information from my prior employers and educational institutions, to take other reasonable actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualification and fitness for employment in a public school setting.

I authorize my listed references, past employers and educational institutions, and anyone else who has information about my work history, education qualification or fitness to provide such information to the school district. I release the Brookings-Harbor School District, its employees, and agents and all persons providing information to the school district from any liability for obtaining and providing that information, regardless of the results.

I hereby acknowledge that I have read the above statements and understand same.

Applicant's Signature

Date

Note: You are encouraged to keep a copy of this application before it is submitted.

**Completed application should be returned to:
Brookings-Harbor School District
Attention: Jon Young, Athletic Director
629 Easy Street
Brookings, OR 97415**