Entiat School District #127 2650 Entiat Way Entiat, WA 98822 (509)784-1800

www.entiatschools.org

An Equal Opportunity Employer



APPLICATION FOR COACHING POSITION



THE ENTIAT SCHOOL DISTRICT IS A TOBACCO-FREE, DRUG- AND ALCOHOL-FREE EDUCATIONAL SYSTEM

Full Name Last First	M.I.	Email Address	
PERSONAL INFORMATION			
Other name(s) under which records may be listed:	Last	First	Middle
Present Address Street and Mailing Address	Lasi	Telephone ()
City	State		Zip Code
Person through whom you may be reached	Name	Telephone ()
Position (s) applied for:			
Date able to begin employment			
Were you previously employed by us? Yes	No	If yes, when?	
CITIZENSHIP			
If requested, can proof of U.S. citizenship, visa, or alie	Yes	No	
Would visa or immigration status prevent lawful emplo	Yes	No	
BACKGROUND	rom prices or been consisted	of any offense that involves any	form of violance, such as account
Have you been convicted of a felony, been released fr rape, child abuse, child molesting, extortion, blackmail			
If yes, explain nature of crime, place and date:			
			•
A fingerprint check will be required prior to employment, and a back	ground check by the Washington Sta	te Patrol and FBI will be completed.	-

EDUCATION INFORMATION									
Please circle the highest grade completed	K 1 2 3 4 5 6 7 8 9 10	11 12 13 14 15	16						
Did you graduate from high school? Yes No									
Did you graduate from college? Yes No									
REFERENCES Please provide three personal references.									
NAME	HOME (H) & WORK (W) PHONE	CITY, STATE	OFFICIAL POSITION						
WORK EXPERIENCE Please indicate your last three employers, beginning with the most recent. Please include Military Service.									
EMPLOYER #1									
Employer Name & Address									
Dates Employed: From To	Position:	Phone:							
Supervisor's Name:	Reason for Leaving:								
EMPLOYER #2									
Employer Name & Address									
Dates Employed: From To	Position:	Phone:	_						
Supervisor's Name:	Reason for Leaving:								
EMPLOYER #3									
Employer Name & Address			_						
Dates Employed: From To	To Position: Phone:								
Supervisor's Name: Reason for Leaving:									
COACHING EXPERIENCE SPORT	NAME/ADDRESS OF SCHOOL OR ORGANIZATION		YEAR						
JI OKI	NAME ADDRESS OF SCHOOL OR GROANIZATION		TEAK						
PARTICIPATION EXPERIE	NCE								
	NAME/ADDRESS OF SCHOOL OR ORGANIZATION		YEAR						

Do you have a current First Aid Card?	YES	NO	Expirati	on Date		_	
Have you had the following in the sport to	ior which you are	The Ath	eory Class nletic Training uries Class	Yes . Yes . Yes .	Year Year Year	No No No	_
Are you willing to attend a special coache	es clinic prior to	playing season?	' Yes	No			
PROFESSIONAL FITNESS	If you answer "v	 ves" to any of the	first four guestion	ns below, give	a complete explanation	n on a separa	te sheet of
paper, including duties, circumstances, a 1) Have you ever been dismissed, disc 2) Have you ever resigned from or oth or under investigation? 3) Have you ever been disciplined by a 4) Are you currently the subject of any of misconduct or harassment of the subject of any of misconduct or harassment of the subject of any of misconduct or harassment of the subject of any of misconduct or harassment of the subject of the subject of any of misconduct or harassment of the subject of t	and any supporti charged (excludi nerwise left any e a past or presen v investigation or on your part?	ing documentation ling lay-off), or fire employment while nt employer for meaning in the mean	on. red from any emplo le allegations of mi nisconduct? mployer because o	oyment? isconduct on y of allegations	your part were pending	Yes	<u>No</u>
The State of Division for a second field				lan and land			
The Entiat School District does not discrimilitary status, sexual orientation includir trained dog guide or service animal by a designated youth groups.	ng gender expre	ession or identity	y, the presence of	f any sensory,	, mental, or physical di	lisability, or the	e use of a
I hereby authorize the Entiat School Distri therefrom. I hereby guarantee the correct			n any or all my forr	mer employers	s or references with no	liability arisinç	g
I certify that the information herein is true immediate dismissal or withdrawal from co		the best of my l	кnowledge. (Failu	ıre to comply v	with the above stipulation	on shall be gro	ounds for
Date of Application	Signa	ature of Applican	nt				