

## Athletic Department

## **APPLICATION FOR COACHING**

**Please Attach Resume** 

Name:(Please Print) First	Middle Last
	Home
Home Address:	Phone:
	Work
City/State/Zip:	Phone:
E-mail Address:	FAX:
What position are you applying for:	
Do you have any health concerns which r	nay limit you in your job:
	· · · · · · · · · · · · · · · · · · ·
Have you ever been convicted of a crime	other than a minor traffic violation?
2. PROFESSIONAL INFORMATION:	other than a minor traffic violation?
2. PROFESSIONAL INFORMATION:  Present Position:	other than a minor traffic violation?
2. PROFESSIONAL INFORMATION:  Present Position:  Present or last coaching salary:	other than a minor traffic violation?
Have you ever been convicted of a crime  2. PROFESSIONAL INFORMATION:  Present Position:  Present or last coaching salary:  When will you be available to start?  Are you currently under contract? Yes	other than a minor traffic violation?
2. PROFESSIONAL INFORMATION:  Present Position:  Present or last coaching salary:  When will you be available to start?  Are you currently under contract? Yes	other than a minor traffic violation?

Describe your coaching philosophy: (Atta	ach additional page if neo	essary)
List current coaching certification/expirat	ion dates in:	
	Concussion Man	agement: _
NFHS Fundamentals of Coaching:	114 111	
	Heat IIIness:	
Performance Enhancing Drugs:		CPR:
NFHS Fundamentals of Coaching: Performance Enhancing Drugs: Mandatory Child Abuse Reporting: Other (type & date):	First Aid:	

	ences: List three references, including su character and your capabilities as a coacl	pervisors, who have first-hand knowledge of h.				
1.	Name	_Official Position				
	Address					
	City/State/Zip Code					
	Phone: Business	Home				
	Relationship (e.g. business, personal)_					
2.	Name	_Official Position				
	Address					
	City/State/Zip Code					
	Phone: Business	Home				
	Relationship (e.g. business, personal)_					
3.	Name	_Official Position				
	Address					
	City/State/Zip Code					
	Phone: Business	Home				
	Relationship (e.g. business, personal)_					
knowldismisthis a all pelisted employments Mary's partie	ledge. I understand that any falsehood ssal. I hereby authorize St. Mary's Aca pplication as may be necessary to arrisons, educational institutions, emploabove to give St. Mary's Academy any syment or any relevant information the Academy deems necessary to arrive	his application are true to the best of my don this application may result in immediate ademy to confirm all statements contained in rive at an employment decision. I authorize oyers, and organizations and all references and all information concerning my previous ey may have, personal or otherwise, that St. at any employment decision and release all all liability for any damage that may result				

Signature

Date

## **COACHING EXPERIENCE:**

DATES	DISTRICT/LOCATION	NAME OF SCHOOL	# OF YRS	. SPORTS COACHED/LEVEL	REASON FOR LEAVING

If less than full school year, indicate exact dates of employment. If full year, list years only.

EDUCATIONAL TRAINING:		DATES	DEGREES &			GRAD. or HRS. POST	HOURS
NAME OF SCHOOL	LOCATION	INCLUSIVE	DATE REC'D.	MAJOR	MINOR	B.A.	POST M.A.

OTHER WORK EXPERIENCE YOU FEEL IS RELEVANT TO THE COACHING POSITION FOR WHICH YOU ARE APPLYING:

DATES	NAME/ADDRESS OF BUSINESS	SUPERVISOR	POSITION	PHONE	REASON FOR LEAVING