

TWIN VALLEY SCHOOL DISTRICT  
 4851 N. TWIN VALLEY RD.  
 ELVERSON, PA 19520

610-286-8652 Phone  
 610-286-8608 FAX

**COACH APPLICATION – ATHLETIC DIRECTOR**

<b>APPLICANT INFORMATION</b>			
Last Name:	First:	M.I.	Today's Date:
Street Address:			
City:	State:	ZIP:	
Phone:	E-mail Address:		
Position for which applying:			
Are you certified as a coach?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
First Aid Training :		Are you certified?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a founded or indicated report under the PA Child Abuse History Clearance?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>COACHING EXPERIENCE</b>			
Organization:		Phone:	
From:	To:	Sport Coached:	
Organization:		Phone:	
From:	To:	Sport Coached:	
Organization:		Phone:	
From:	To:	Sport Coached:	

<b>WORK EXPERIENCE</b>			
<b><i>Current Employer's Name, Address, and Phone Number</i></b>			
Company:		Address:	
Dates Worked:	From:	To:	Phone: ( )
Nature of Work:			

<b><i>Previous Employers:</i></b>			
Company:		Address:	
Dates Worked:	From:	To:	Phone: ( )
Nature of Work:			

Company:		Address:	
Dates Worked:	From:	To:	Phone: ( )
Nature of Work:			

**(OVER)**

APPLICANT NAME: \_\_\_\_\_

POSITION FOR WHICH APPLYING: \_\_\_\_\_

**REFERENCES**

Name:	Phone: (    )
Address:	
Job Title :	

Name:	Phone: (    )
Address:	
Job Title:	

Name:	Phone: (    )
Address:	
Job Title:	

Are you eligible for veteran's preference consideration?    YES     NO     If yes, indicate dates: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I hereby give permission to check with the employers listed above unless otherwise indicated. I also understand it is the policy of the Twin Valley School District to require drug testing of all new permanent employees. Information provided on this application and accompanying resume', if applicable, is true and complete to the best of my knowledge and I agree that falsified information or omissions may disqualify me from employment and may be justification for dismissal if discovered at a later date.

/

Signature

Date

***In the event that you should desire assistance in completing this application, school district personnel will attempt to provide the necessary support.***

**(OVER)**