



# Parma School District #137

Striving for Excellence

805 E McCONNELL STREET

PARMA, ID 83660

208/779-4069 ext. #1602 FAX 208/779-4080

## COACHING APPLICATION

Today's Date: \_\_\_\_\_

Prospective employee will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status. An Equal Opportunity/Affirmative Action Employer. Applications are kept on file 1 year from date of signature

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_  
Street or P O Box \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Message Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Have you ever applied with Parma School District #137? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Year \_\_\_\_\_ Location \_\_\_\_\_

Check sports(s) for which you are applying:

- |                                        |                                   |
|----------------------------------------|-----------------------------------|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Track    |
| <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Tennis   |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Golf     |
| <input type="checkbox"/> Wrestling     | <input type="checkbox"/> Other    |

When are you available for work? \_\_\_\_\_

List any special training or skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you taken the 15 hour state coaching class? \_\_\_\_\_ If so, when? \_\_\_\_\_

If not, do you intend to? \_\_\_\_\_

**PERSONAL SPORTS EXPERIENCE:**

List chronologically all personal experience playing in sports.

<b>Name of School/ Program</b>	<b>Location (city,state)</b>	<b>Position Held</b>	<b>Start/End Dates</b>	<b>Coach's Name &amp; Phone #</b>

**COACHING EXPERIENCE:**

List chronologically all experience coaching.

<b>Name of School/ Program</b>	<b>Location (city,state)</b>	<b>Position Held</b>	<b>Start/End Dates</b>	<b>Supervisor &amp; Phone #</b>

**EDUCATION:**

Please list the educational institutions you have attended starting with high school. Use this space to list any courses that you have taken that specifically relate to the position being applied for.

	<b>Name of School</b>	<b>Location (City/State)</b>	<b>Course of Study</b>	<b>Graduate Y/N</b>	<b>Degree</b>
<b>High School</b>					
<b>Business/ TradeTech</b>					
<b>College</b>					
<b>College</b>					

What is your philosophy as it pertains to coaching? *(attach separate sheet of paper if necessary)*

---

---

---

---

---

---

---

---

How do you effectively manage parent involvement?

---

---

---

---

---

---

---

---

Describe your overall management program in dealing with the student athlete (include both positive and disciplinary aspects of management).

---

---

---

---

---

---

---

---

---

---

## REFERENCES

It is the applicant's responsibility to provide the following information in order to be considered for employment. The names, phone numbers and addresses of at least three reference sources (including current employer, if employed, or last employer if not currently employed).

Applicants with teaching experience must provide recommendations from principals/and or superintendents from all contracts involving educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

Name	Position/ Relationship	Mailing Address	Telephone

**Have you ever been convicted, plead guilty, no contest, or had a withheld judgment for a misdemeanor involving theft, violent crime, use/possession of a controlled substance, or crime against children or any felony? Yes \_\_\_\_\_ No \_\_\_\_\_**  
**If yes, attach explanation.**

## Certification/Release

I certify that I have read and understand the applicant note on Page One (1) of this form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer-reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires: I am willing to submit to a drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date