

Date Hired: \_\_\_\_\_

Salary: \_\_\_\_\_

***Southern Fulton School District***  
**ATHLETIC DEPARTMENT: COACHING APPLICATION**

COACHING POSITION APPLYING FOR:

NAME:

BIRTHDATE:

ADDRESS:

PHONE #:

E-mail:

CELL #:

OCCUPATION (AT PRESENT):

EMPLOYER:

WORK#:

ADDRESS:

I. EDUCATIONAL BACKGROUND

A. HIGH SCHOOL:

B. COLLEGE:

DEGREE & MAJOR:

C. ACTIVITIES (BESIDES SPORTS):

II. PLAYING EXPERIENCE (LIST SPORTS AND NUMBER OF YEARS):

A. HIGH SCHOOL:

B. COLLEGE:

C. OTHERS: \_\_\_\_\_

III. COACHING EXPERIENCE (NOTE POSITIONS HELD)

A. ELEMENTARY:

B. MIDDLE SCHOOL:

C. SENIOR HIGH SCHOOL:

D. COLLEGE: \_\_\_\_\_

E. OTHER: \_\_\_\_\_

F. NONE \_\_\_\_\_

IV. PLEASE CHECK AND LIST EXPIRATION DATE OF EACH:

A. FIRST AID TRAINING

\_\_\_\_\_

B. CPR TRAINING

\_\_\_\_\_

EXPIRATION DATE

\_\_\_\_\_

\_\_\_\_\_

Date Hired: \_\_\_\_\_

Salary: \_\_\_\_\_

C. AED TRAINING \_\_\_\_\_

D. ATHLETIC TRAINING \_\_\_\_\_

E. OTHERS \_\_\_\_\_

V. PLEASE ANSWER THE FOLLOWING QUESTIONS:

A. WOULD YOU BE ABLE TO ATTEND A 3:00 PM PRACTICE?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, WHY? WORK SCHEDULE

B. WOULD YOU BE ABLE TO ATTEND ALL GAMES?

YES \_\_\_\_\_ NO \_\_\_\_\_

C. ARE YOU AN EMPLOYEE OF THE SOUTHERN FULTON SCHOOL

DISTRICT? YES \_\_\_\_\_ NO \_\_\_\_\_

D. WHAT IS YOUR PHILOSOPHY ON WINNING?

E. WHAT IS YOUR PHILOSOPHY ON SPORTSMANSHIP?

**REFERENCES** (PLEASE LIST TWO)

NAME:

NAME:

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

AFFILIATION:

AFFILIATION:

PHONE #:

PHONE #:

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

THE SOUTHERN FULTON SCHOOL DISTRICT  
IS AN EQUAL OPPORTUNITY EMPLOYER