

Date Hired: _____ Salary: _____

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

NAME: _____ **BIRTHDATE:** _____

ADDRESS: _____

PHONE #: _____ - _____ - _____

E-mail: _____ **CELL #:** _____ - _____ - _____

OCCUPATION (AT PRESENT): _____

EMPLOYER: _____

WORK#: _____ - _____ - _____

ADDRESS: _____

POSITION APPLYING FOR: _____

I. EDUCATIONAL BACKGROUND

A. HIGH SCHOOL: _____

B. COLLEGE: _____

DEGREE: Yes or No **MAJOR:** _____

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

A. HIGH SCHOOL: _____, _____, AND _____
_____, _____, AND _____
_____, _____, AND _____
_____, _____, AND _____

B. COLLEGE (LIST SPORTS, LEVEL, AND NUMBER OF YEARS):
_____, _____, AND _____
_____, _____, AND _____
_____, _____, AND _____
_____, _____, AND _____

C. OTHERS (LIST SPORTS, LEVEL, AND NUMBER OF YEARS):
_____, _____, AND _____
_____, _____, AND _____

III. COACHING EXPERIENCE (NOTE POSITIONS HELD)

A. ELEMENTARY (LIST SPORTS, POSITIONS, AND NUMBER OF YEARS)
_____, _____, AND _____
_____, _____, AND _____

B. MIDDLE SCHOOL: (LIST SPORTS, POSITIONS, AND NUMBER OF YEARS)
_____, _____, AND _____
_____, _____, AND _____

C. SENIOR HIGH SCHOOL: (LIST SPORTS, POSITIONS, AND NUMBER OF YEARS)
_____, _____, AND _____
_____, _____, AND _____

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D. COLLEGE: (LIST SPORTS, POSITIONS, AND NUMBER OF YEARS)

_____, _____, AND _____, _____, AND _____

E. OTHER: (LIST SPORTS, POSITIONS, AND NUMBER OF YEARS)

_____, _____, AND _____, _____, AND _____

IV. PLEASE CHECK AND LIST ANY TRAINING OR CERTIFICATIONS AS WELL AS EXPIRATION DATE OF EACH:

A. FIRST AID TRAINING _____

B. CPR TRAINING _____

C. AED TRAINING _____

D. ATHLETIC TRAINING _____

E. COACHING EDUCATION _____

F. OTHER: _____

V. PLEASE ANSWER THE FOLLOWING QUESTIONS:

A. WOULD YOU BE ABLE TO ATTEND A 3:00 PM PRACTICE? YES ___ NO ___

IF NOT, WHY? _____

B. WOULD YOU BE ABLE TO ATTEND ALL GAMES? YES ___ NO ___

IF NOT, WHY? _____

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? _____

F. 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