



Coaching Employment Application

"An Equal Opportunity Employer"

The Poland Schools

3199 Dobbins Rd. Poland, Ohio 44514

330.757.7000

(Please download and complete application, save and print. You can mail to Poland Bd. Of Ed. at 3199 Dobbins Rd., Poland, Ohio 44514 or scan and email to palmas@polandschools.org.)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Coaching Position Applied for: Volunteer Assistant Supplemental Assistant Supplemental Head

Level of Coaching Desired: 7th 8th 9th JV Varsity

Sport Desired to Coach: _____

List when and where Sports Medicine Workshop was or will be completed:
(Note this workshop must be completed prior to assuming any coaching duties with the school district.)

List when and where CPR Certification was or will be completed: *(Note this workshop must be completed prior to assuming any coaching duties with the school district.)*

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

The Poland Local School District does not discriminate on the basis of race, color, creed, national origin, sex, or handicap in employment opportunities or educational programs and activities operated by the District.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

CRIMINAL RECORDS CHECK

I acknowledge being informed that, as a precondition to employment in the position for which I am applying, I must be in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment. I recognize that there will be a charge and unless I pay the fee, I will not be considered for employment.

Signature: _____ Date: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

NOTE: IN ACCORDANCE WITH BOARD POLICY, NO VOLUNTEER CAN ASSUME ANY COACHING DUTIES UNTIL APPROVED BY THE BOARD AND THE FOLLOWING INFORMATION IS ON FILE IN THE ATHLETIC OFFICE. VALID CPR, VALID PUPIL ACTIVITIES CERTIFICATION, COMPLETED APPLICATION (LESS THAN 2 YEARS OLD), AND THE WRITTEN RECOMMENDATION OF THE HEAD COACH, ATHLETIC DIRECTOR, BUILDING PRINCIPAL AND DISTRICT SUPERINTENDENT. NO VOLUNTEER COACH WILL BE COVERED BY THE BOARD'S LIABILITY INSURANCE UNTIL THE BOARD APPROVES SAID VOLUNTEER AND ALL THE REQUIRED INFORMATION IS ON FILE IN THE ATHLETIC OFFICE.