



HUMAN RESOURCES
 12111 NE 1st Street
 Bellevue, WA 98005
 425-456-4166 / 425-456-4078 Fax

**Verification of Employment
 COACHING**

Please return completed form to:

ATTN: HUMAN RESOURCES/PERSONNEL
 School District/Organization _____
 Street Address _____
 City, State, ZIP code _____

HUMAN RESOURCES
 Bellevue School District
 PO Box 90100
 Bellevue, WA 98009-9010

 OR Fax 425-456-4078

The individual whose name appears below has recently been hired as a COACH with the Bellevue School District. New coaches must have previous coaching employment verified. Please complete the information requested below. Your assistance in establishing a correct coaching record for this employee is appreciated.

Name _____ Social Security Number _____
 Name (if different when employed) _____
 Approximate dates of Employment for which verification is requested _____

I authorize you to release all information requested in the "Verification of Coaching" to the school district listed above.
 Employee signature _____ Date _____

ASSIGNMENT	Head or Assistant Coach Position	Dates of Service From (mo./day/year) To (mo./day/year)	Level of position Middle school (gr. 6-8) or High School (gr. 9-12)	Comments
Example: Golf Coach	Head or Asst.	8/29/12 - 11/15/12	High School	
	Head or Asst.			
	Head or Asst.			
	Head or Asst.			
	Head or Asst.			
	Head or Asst.			

I certify that all information listed above is complete and correct according to the official records on file in the institution providing this verification of employment.
 Signature _____ Date _____
 Printed name _____ School District/Organization _____
 Title _____ email _____ phone _____