

PASCACK VALLEY REGIONAL HIGH SCHOOL DISTRICT
Office of the Superintendent

COACHING EMPLOYMENT APPLICATION
(For Out-of-District Personnel Only)

Name:	S.S. #:	
Address:		
Town:	State:	Zip Code:
Email address:		
Home phone:	Cell phone:	

Coaching position:	School: <input type="checkbox"/> Pascack Hills <input type="checkbox"/> Pascack Valley
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EDUCATIONAL EXPERIENCE

Name & Location – Educational Institution	Dates Attended	Major/Minor	Number of Semester Hours	Degree and Date Conferred

COACHING EXPERIENCE

Athletic Activity	Coaching Level (i.e. varsity)	Name of School or Recreation League	Dates Coached
	<input type="checkbox"/> Varsity <input type="checkbox"/> Jr. Varsity		
	<input type="checkbox"/> Varsity <input type="checkbox"/> Jr. Varsity		
	<input type="checkbox"/> Varsity <input type="checkbox"/> Jr. Varsity		
	<input type="checkbox"/> Varsity <input type="checkbox"/> Jr. Varsity		
	<input type="checkbox"/> Varsity <input type="checkbox"/> Jr. Varsity		

*Criminal History Background check must be completed and approved **before** coaching can begin.*
 Have you ever been convicted of a crime in this or any other state? YES NO

Applicant's signature:	Date:

If you are not a staff member in the Pascack Valley Regional High School District please attach all pertinent information, such as teaching certification and official college transcripts.

FOR OFFICIAL USE ONLY	FOR OFFICIAL USE ONLY
	FINAL ACTION:

Approved by Athletic Director _____ Date	Approved by Principal _____ Date
	Recommended Step on PVREA Guide _____ Date
For Superintendent's Use Only	For Superintendent's Use Only
	Step: _____
Approved by Supt. of Schools _____ Date	Amount: _____