Bluffton Athletic Department

Coaching Application

COACHING POSITION APPLYING FOR: _____ DATE _____

FULL NAME: _____ SOCIAL SECURITY # _____

PRESENT ADDRESS: _____ DRIVER'S LICENSE # _____

STREET CITY STATE

CELL PHONE: _____ WORK PHONE: _____ E-MAIL: _____

DATE OF BIRTH: _____ (* NEEDED FOR CRIMINAL HISTORY CHECK*)

EMPLOYMENT HISTORY

NAME OF EMPLOYER _____ DIRECT SUPERVISOR _____ EMPLOYER'S PHONE # _____ DATES OF EMPLOYMENT _____

LIST JOB RESPONSIBILITIES • _____ • _____ • _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____ DIRECT SUPERVISOR _____ EMPLOYER'S PHONE # _____ DATES OF EMPLOYMENT _____

LIST JOB RESPONSIBILITIES • _____ • _____ • _____

REASON FOR LEAVING _____

COACHING HISTORY

SPORT COACHED	LEVEL	DATES	HEAD COACH/ SUPERVISOR
SPORT COACHED	LEVEL	DATES	HEAD COACH/ SUPERVISOR

CHARACTER REFERENCES

NAME	RELATIONSHIP	PHONE #
NAME	RELATIONSHIP	PHONE #
NAME	RELATIONSHIP	PHONE #

SKILLS & ABILITIES (PLEASE PROVIDE ANY COACHING INFORMATION THAT WILL HIGHLIGHT YOUR ABILITIES AND QUALIFY YOU FOR THIS POSITION)

- I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED IS TRUE, COMPLETE AND ACCURATE, KNOWING THAT IF ANY FALSE INFORMATION, OMMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND MY EMPLOYMENT MAY BE TERMINATED
- TO DETERMINE MY QUALIFICATIONS FOR EMPLOYMENT, I AUTHORIZED THE BLUFFTON-HARRISION MSD TO CONDUCT AN INVESTIGATION OF MY APPLICATION AND OBTAIN, AT MY EXPENSE A CRIMINAL HISTORY CHECK.
- I UNDERSTAND THAT ALL COACHING REQUIREMENTS AND RESPOSIBILITIES MUST BE FULFILLED BEFORE RECEIVING MY PAYCHECK AT THE CONCLUSION OF THE SEASON

_____

SIGNATURE DATE

Bluffton-Harrison M.S.D. does not discriminate on the basis of religion, race, color, national origin, sex, Disability, age, marital status, genetic information, or any other legally protected characteristic, in its Programs and activities, including employment opportunities.