

Coaching Experience

Please list in reverse chronological order.

Position / Sport	School and Location	Supervisor Name	Supervisor Phone	Dates	
				From:	To:

References

Do not include relatives

Name	Relationship you have with this person	Address	Phone #	How long have you known this person?

In the space provided, please explain any playing experience you have in this sport, including the team and level you played for, the position you played, and any honors or awards that you earned while participating.

REQUIREMENTS BY LAW

- Completion of an APPROVED Ohio Department of Education 4-hour Pupil-Validation Workshop. Proof of certification must be submitted.
- Completion of Cardiopulmonary Resuscitation (CPR) training. CPR certification must be current (American Red Cross – yearly; American Heart Association – every two years). A copy of current card must be submitted.
- Criminal Background Check
- Completed I-9 form

Notice: When this application is submitted to the Hopewell-Loudon Local School District, it becomes public record and may be reviewed by the public including the news media.

I certify the information provided on this application is true and correct in every aspect. Evidence to the contrary will result in automatic termination from any position in this district. I agree to comply with the requirements by law as stated above.

Signed: _____ Date: _____

Hopewell Loudon Local School District will provide equal opportunities for employment, retention, and advancement of all people regardless of race, color, creed, national origin, political affiliation, age, sex, or handicap.