

**PASCACK VALLEY REGIONAL HIGH SCHOOL DISTRICT**  
**Office of the Superintendent**

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

<b>Name:</b>	<b>S.S. #:</b>	
<b>Address:</b>		
<b>Town:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email address:</b>		
<b>Home phone:</b>	<b>Cell phone:</b>	

<b>Coaching position*:</b>	<b>School:</b> <input type="checkbox"/> Pascack Hills <input type="checkbox"/> Pascack Valley
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\*Indicate sport and coaching level (head or assistant)

**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

<b>Applicant's signature:</b>	<b>Date:</b>

**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
_____ Approved by Athletic Director                      Date	<b>FINAL ACTION:</b> _____ Approved by Principal    Date _____ Recommended Step on PVREA Guide                      Date
For Superintendent's Use Only	For Superintendent's Use Only
_____ Approved by Supt. of Schools Date	Step: _____ Amount: _____

