

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: ☐ Pascack Hills ☐ 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
	☐ Varsity ☐ Jr. Varsity		
	☐ Varsity ☐ Jr. Varsity		
	☐ Varsity ☐ Jr. Varsity		
	☐ Varsity ☐ Jr. Varsity		
	☐ Varsity ☐ Jr. Varsity		

Do you currently hold a permanent teaching certificate or substitute certificate? ☐ YES ☐ NO
If so, please attach.

*Criminal History Background check must be completed and approved **before** coaching can begin.
Within 60 days of board approval, Vector training must be completed.*

Have you ever been convicted of a crime in this or any other state? ☐ YES ☐ NO

Applicant's signature:	Date:

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FOR OFFICIAL USE ONLY	FOR OFFICIAL USE ONLY
Approved by Athletic Director Date	FINAL ACTION: Approved by Principal _____ Date Recommended Step on PVREA Guide _____ Date
For Superintendent's Use Only	For Superintendent's Use Only
Board Approval Date:	Step: _____ Amount: _____