Entiat School District #127 2650 Entiat Way Entiat, WA 98822 (509)784-1800

www.entiatschools.org

An Equal Opportunity Employer



APPLICATION FOR COACHING POSITION



THE ENTIAT SCHOOL DISTRICT IS A TOBACCO-FREE, DRUG- AND ALCOHOL-FREE EDUCATIONAL SYSTEM

Full Name	First	MUJUL.	Soc. Sec. #		
243.		Middle			
PERSONAL INFORMAT	<u>10N</u>				
Other name(s) under which records	s may be listed:				
,,		Last	First		Middle
Present Address Street and Mailing A	Addross		Telephone ()	
Street and Mailing I	Address				
City		State		Zip Co	de
Person through whom you may be	reached		Telephone ()	
Position (s) applied for:					
Date able to begin employment					
Were you previously employed by u	ıs? Yes	No	If yes, when?		
CITIZENSHIP					
If requested, can proof of U.S. citize	enship, visa, or alien reç	gistration be provided?	Yes	No	
Would visa or immigration status pr	event lawful employmer	nt?	Yes	No	
3	1 3				
BACKGROUND					
Have you been convicted of a felon					
rape, child abuse, child molesting, e	extortion, biackmail, coe	ercion, or any crime mai invo	ives drugs? Yes	INO	
If yes, explain nature of crime, place	e and date:				
A fingerprint check will be required prior to e	mployment, and a backgroun	d check by the Washington State P	atrol and FBI will be completed.		

EDUCATION INFORMATION	<u>ON</u>				
Please circle the highest grade completed	K 1 2 3 4 5 6 7 8 9 10	11 12 13 14 15	16		
Did you graduate from high school?	Yes No				
Did you graduate from college?	Yes No				
REFERENCES Please prov	vide three personal references.				
·	<u> </u>		0.550.00.00.00.00.00.00.00.00.00.00.00.0		
NAME	HOME (H) & WORK (W) PHONE	CITY, STATE	OFFICIAL POSITION		
WORK EXPERIENCE Please	indicate your last three employers, beginning with the m	ost recent. Please include Military	Service.		
EMPLOYER #1					
Employer Name & Address					
Dates Employed: From To	Position:	Phone:			
Supervisor's Name:	Reason for Leaving:				
EMPLOYER #2					
Employer Name & Address					
Dates Employed: From To	Position:	Phone:	_		
Supervisor's Name:	Reason for Leaving:				
EMPLOYER #3					
Employer Name & Address			_		
Dates Employed: From To	m To Position: Phone:				
Supervisor's Name: Reason for Leaving:					
COACHING EXPERIENCE SPORT	NAME/ADDRESS OF SCHOOL OR ORGANIZATION		YEAR		
JI OKI	VANILIADDRESS OF SCHOOL OR ORGANIZATION		TEAK		
-					
PARTICIPATION EXPERIE	NCF				
	NAME/ADDRESS OF SCHOOL OR ORGANIZATION		YEAR		

Do you have a current First Aid Card?	YES	NO _	Expiration	on Date			
Have you had the following in the sport	·		Theory Class Athletic Training Injuries Class		Year Year Year	_ No _ No _ No	
Are you willing to attend a special coach	es clinic prior to						
PROFESSIONAL FITNESS				s below, give a con	nplete explanation c	n a separate	e sheet of
 paper, including duties, circumstances, a Have you ever been dismissed, disc Have you ever resigned from or oth or under investigation? Have you ever been disciplined by a Are you currently the subject of any of misconduct or harassment of the you are offered this position, are you 	scharged (excludi nerwise left any e a past or present y investigation or on your part?	ling lay-off), c employment of t employer for inquiry by an	or fired from any emplo while allegations of mis for misconduct? In employer because of	isconduct on your p		Yes	No
The Entiat School District does not discrimilitary status, sexual orientation includir trained dog guide or service animal by a designated youth groups.	ng gender expre	ession or ide	entity, the presence of	any sensory, men	ntal, or physical disa	ability, or the	e use of a
I hereby authorize the Entiat School Distriction. I hereby guarantee the correct				ner employers or re	eferences with no lia	bility arising	J
I certify that the information herein is true immediate dismissal or withdrawal from c		the best of	my knowledge. (Failui	re to comply with th	ne above stipulation	shall be gro	unds for
Date of Application	Signa	ature of Appl	licant				

Entiat School District #127

2650 Entiat Way Entiat, WA 98822 (509)784-1800

An Equal Opportunity Employer



OPTIONAL INFORMATION

This information will be confidential and will not be filed or made part of your application.

NAME			DATE OF BIRT	Ή
☐ FEMALE				
☐ MALE				
1	AFFIRMATIVE A	ACTION INFORM	MATION	
In order to maintain the Entiat School	District's Affirmative	e Action Plan, the fo	llowing information	is needed.
RACE/ETHNIC DESIGNATION	Please indicate you	ur ethnic background		
American Indian	Black	Hispanic	Asian	Caucasian
DISABILITIES				
Do you consider yourself to have a disabil mental impairments that would impede ob ments must be significant and permanent.	taining and maintainir			
Yes No	If yes, e	xplain:		
VETERAN				
Are you a Vietnam Era Veteran (served ac	ctively in the armed fo	orces between 8/5/64 a	and 5/7/76)?	Yes No
Do you consider yourself to be a Disabled	Veteran?	Yes	No	_
Definition of Disabled Veteran: "Person who is materially disabled (handicapp	ed as defined above) ar	nd who is a veteran of the	e armed services."	