

WILLITS UNIFIED SCHOOL DISTRICT
1277 Blosser Lane, Willits, CA 95490
Coaching Interest Form
Willits High School

DATE: _____

PERSONAL INFORMATION

Name _____ Social Security# _____
Last First Middle Initial

Current Address _____ Phone _____ /Cell _____
Street City State Zip

Email Address _____

Position applying for: Head Coach ___ Asst Coach ___ Varsity ___ JV ___ Volunteer ___ Sport _____

KNOWLEDGE OF SPORT AND RULES

1. Describe the training and experience you have in the rules and techniques of the sport including any previous coaching experience.

COACHING THEORY AND ADOLESCENT PSYCHOLOGY

1. List any prior active involvement with a school or community sports program.

OTHER

Have you ever been dismissed or asked to resign from a position? Yes__ No____

Have you ever been convicted of a crime other than a minor traffic violation?

Note: A conviction will not necessarily disqualify you from consideration; however, failure to report is cause for disqualification or dismissal. Yes__ No____

If answer to any of the above questions is yes, please explain on an attached sheet.

REFERENCES

Please list three personal references:

Name	Telephone Number(s)	Relationship

ADDITIONAL DOCUMENTATION

The Immigration Reform and Control Act of 1986 requires that employees submit evidence of identity and employment eligibility. Proof of citizenship or immigration status will be required after employment.

All candidates not currently employed by the Willits Unified School District will be fingerprinted and processed through the Department of Justice at the cost of the employee.

I certify that all information on this application is accurate and true to the best of my knowledge. I understand and agree that any misstatements, omissions, or falsification of material fact herein, will cause forfeiture of all rights, terms, conditions, and privilege of employment with the District. If I am being considered for selection, I authorize the Willits Unified School District to contact references (e.g., former employers, educational institutions) I have listed to verify the application information provided. I release from all liability persons and organizations reporting information required by this application.

Signature of Applicant

Date

Process applicant for position Yes _____ No _____

Signature Site Administrator/Designee _____