

## COACHING APPLICATION

**POSITION APPLYING FOR:** \_\_\_\_\_

**Fill out SECTION I or SECTION II as it applies to you**

**SECTION I: TO BE COMPLETED BY APPLICANT WHO IS A TEACHER AND SIGNED BELOW**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current position: \_\_\_\_\_ CPR Certified? Date: \_\_\_\_\_ AED Certified? Date: \_\_\_\_\_

Have you held a coaching position before? YES \_\_\_ NO \_\_\_ Where: \_\_\_\_\_

Sport(s) coached: \_\_\_\_\_ What years? \_\_\_\_\_

Have you ever received an unsatisfactory evaluation in any coaching position? YES \_\_\_ NO \_\_\_

Where: \_\_\_\_\_ By whom: \_\_\_\_\_

**LIST TWO REFERENCES**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**SECTION II: TO BE COMPLETED BY APPLICANT WHO IS A LAY COACH AND SIGNED BELOW**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you employed by Wood County Schools? \_\_\_\_\_

If so, position? \_\_\_\_\_ CPR Certified? Date: \_\_\_\_\_ AED Certified: Date: \_\_\_\_\_

Have you held a coaching position before? YES \_\_\_ NO \_\_\_ Where: \_\_\_\_\_

Sport(s) coached: \_\_\_\_\_ What years? \_\_\_\_\_

Have you ever received an unsatisfactory evaluation in any coaching position? YES \_\_\_ NO \_\_\_

Where: \_\_\_\_\_ By whom: \_\_\_\_\_

Have you completed the WVSSAC Training for Coaching? YES \_\_\_ NO \_\_\_ What year? \_\_\_\_\_

**LIST TWO REFERENCES**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I attest that the information provided above it true and accurate. I understand that if information is found to be misrepresented on this form, I may not be considered for this position.

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**DATE**

**\*\*Social Security number is used for payroll reporting purpose only**

## DISCLOSURE OF BACKGROUND INFORMATION

If you answer YES to any question below, SUBMIT a complete narrative with this form. Include dates, locations, school systems, and any other pertinent information.

1. Have you ever had adverse action taken against any application, certificate, or license in any state? Adverse action includes the following: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, or cancellation?

YES \_\_\_\_\_ NO \_\_\_\_\_ Documentation attached \_\_\_\_\_

2. Have you ever been disciplined, reprimanded, suspended, or discharged from any employment because of allegations of misconduct?

YES \_\_\_\_\_ NO \_\_\_\_\_ Documentation attached \_\_\_\_\_

3. Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct?

YES \_\_\_\_\_ NO \_\_\_\_\_ Documentation attached \_\_\_\_\_

4. Is any action now pending against you for alleged misconduct in any school district, court, or before any educator licensing agency?

YES \_\_\_\_\_ NO \_\_\_\_\_ Documentation attached \_\_\_\_\_

5. Have you ever been charged with or convicted of or under indictment for a felony? \*

YES \_\_\_\_\_ NO \_\_\_\_\_ Documentation attached \_\_\_\_\_

6. Have you ever been charged with or convicted of a misdemeanor? (For the purpose of this disclosure, minor traffic violations should not be reported). Charges or convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI) must be reported. \*

YES \_\_\_\_\_ NO \_\_\_\_\_ Documentation attached \_\_\_\_\_

**\*For a YES to items 5 and/or 6, the following must be included: 1) Judgment Order OR 2) Final Order OR 3) Magistrate Court Documentation AND 4) all other relevant court documentation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date