

**SOUTHERN COLUMBIA AREA SCHOOL DISTRICT
APPLICANT DATA – COACHING/ADVISOR POSITION**

POSITION APPLYING FOR: _____ DATE: _____

NAME: _____ TELEPHONE: (H) _____ (O) _____

ADDRESS: _____ CITY: _____ ZIP: _____

HAVE YOU INTERVIEWED AT SOUTHERN COLUMBIA BEFORE? YES: _____ NO: _____

IF "YES," WITH WHOM DID YOU INTERVIEW? _____

ARE YOU CURRENTLY EMPLOYED WITH SOUTHERN COLUMBIA AREA SCHOOL DISTRICT? YES: _____ NO: _____

IF YES, CURRENT ASSIGNMENT: _____

IF NO, PRESENT EMPLOYER: _____

BRIEFLY DESCRIBE PRESENT JOB: _____

ARE YOU CURRENTLY ENROLLED IN A UNIVERSITY? YES: _____ NO: _____

NAME OF UNIVERSITY: _____

LIST EDUCATIONAL TRAINING/DEGREES: _____

WHAT OTHER WORK EXPERIENCES HAVE YOU HAD WHICH WOULD ADDITIONALLY QUALIFY YOU FOR THIS POSITION?
(BEGIN AFTER PRESENT POSITION AND PROCEED TO FIRST WORK EXPERIENCE.)

WHAT CONTRIBUTIONS DO YOU THINK YOU COULD MAKE TO THE SOUTHERN COLUMBIA ATHLETIC PROGRAM, AND THIS PARTICULAR TEAM?

LIST TWO REFERENCES WHO HAVE PERSONAL KNOWLEDGE OF YOUR COACHING ABILITIES.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

| <u>Endorsements: (In this order)</u> | <u>Date</u> |
|--------------------------------------|-------------|
| Coach/Teacher: _____ | _____ |
| Ath. Director: _____ | _____ |
| Bldg. Principal: _____ | _____ |

APPLICANT'S SIGNATURE: _____

SOC. SECURITY #: _____

| For District Office Use Only | |
|------------------------------|---------------|
| Acts 34/151 Verified | _____ / _____ |
| I-9 Compliance | _____ |
| W-4 Form | _____ |
| Neg. TB Tine | _____ |
| Board Approval Date: | _____ |

*** All applicants are required to submit an original Criminal History Record, Child Abuse Clearance, and Immigration Reform Act Compliance with this application. Verification of originals will be completed by the District Office. ***