JEFFERSON HIGH SCHOOL

COACHING APPLICATION

**PO BOX 838 BOULDER, MT 59632 PHONE: 406-225-3740 FAX: 406-225-3289**

**Date of Application: \_\_\_\_\_\_\_\_\_\_ Position for which you are applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Message Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please describe your experience participating in this/these sport(s):**

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**Please describe your experience coaching in this/these sport(s):**

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**Do you have a current first-aid card? (circle) Yes No**

**Please list three references:**

**Name Occupation Address Phone Number**

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**Coaching application**

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**CHILD SAFETY:**

**Since you are applying for a position that involves contact with children and may involve handling money or school district property, please complete the following section:**

Have you, within the past seven years, been released from prison or been convicted of any form of violence, such as assault, rape, child abuse, child molestation, extortion, blackmail, or any offense that involves drugs, embezzlement, fraud, stealing, or robbery? \_\_\_\_\_ If yes, please attach a separate sheet explaining the nature, place and date of the crime.

Do you consent to a fingerprint/background check as required by state and federal laws for employment in a school district? \_\_\_\_\_\_

**In the space provided below, please prepare a brief handwritten statement explaining why you would like to coach a Jefferson High School athletic/activity team.**

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**Preferences:** Attach a copy of your DD214.

Are you claiming Veteran’s Preference? \_\_\_\_\_\_ Are you a disabled Veteran? \_\_\_\_\_\_

**RELEASE OF LIABILITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby authorize Jefferson High School to inquire as to my record with any or all of my former and/or current employers or references with no liability arising therefrom. I hereby guarantee the above information is true. I also authorize the investigations of all the statements contained in this application. I understand misrepresentation or omission of facts called for is cause for dismissal.

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Signature Date