## MARION LOCAL SCHOOLS EXTRA-CURRICULAR APPLICATION 7956 State Route 119 Maria Stein, OH 45860

Return to: Mike Pohlman Superintendent			Phone: 419-925-4294 Fax: 419-925-0212
Date of application:		Date available:	
Social Security #			
Name: Last Present Address:	First		Middle
Street	City	State Zip	Coaching (Check all   that apply) that apply)   Football Cross Country
Telephones: Home: School/Work:		-	Golf   Volleyball   Men's Basketball   Women's Basketball   Softball   Track   Baseball   Swimming   US - Vec (Uech)
<u>Certification:</u>			H.S Vars. (Head) J.V. Freshmen Jr. High

Please list all valid Ohio certificates that you currently hold. Include photo copies of certificates with these application materials. Also, include Sports Medicine Certification.

Education Background:		
High school, colleges, universities attended	Dates	Degree
Coaching Experience:		

In addition to the coaching position(s) listed on page one, please check any of the following positions you would be interest in:

Faculty Manager	Cheerleader Advisor	Ticket Manager
Athletic Director	Weight Room Coord.	Organizational Class
Advisor		

**Essay Question**: The Marion Local Superintendent and Board of Education are interested in what traits or qualities distinguish you from the average candidate? What gains will be realized by the Marion Local students, staff and community members through your hiring? Please hand write and limit to the space below.

**<u>References</u>**: List below names of professional references and community people, who have first-hand knowledge of your professional work, character, personality, and scholarship. \*Feel free to attach a reduced photocopy of a typed list of references.

Address	Phone	<u>Title</u>

Please list community organizations in which you actively participate, in either your hometown or school community. In addition, list professional organizations.

Ethical Standards: Have you experienced any problems with your conduct or misconduct or allegations of either that have brought your character into issue outside or inside of school/work?

\_\_\_\_Yes \_\_\_\_NoIf the answer is yes, please explain on a separate sheet.

The Marion Local School System routinely completes a records check on new employees and your initials are needed to indicate that you grant permission for the district to complete a police/B.C.I. records check of you are placed in final consideration for this position.

I have no problem with submitting to a records check, \_\_\_\_

(Initials)

## **Application Process**

- \_\_\_\_1. Cover Letter
- <u>2</u>. Completed District Application
- \_\_\_\_ 3. Current Resume

## **Certification of Applicant**

I hereby authorize the Marion Local Schools to obtain from my employers all data needed to support this application. I hereby authorize Marion Local Schools to obtain from the references listed any information needed to support this application. I certify that the information given in this application is true to the best of by knowledge and that I am certified/qualified to hold the position indicated.

Signature

Date

Equal Opportunity Employer

## ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE.