



# Coaching Employment Application

"An Equal Opportunity Employer"

# The Poland Schools

3199 Dobbins Rd. Poland, Ohio 44514

330.757.7000

(Please download and complete application, save and print. You can mail to Poland Bd. Of Ed. at 3199 Dobbins Rd., Poland, Ohio 44514 or scan and email to [Dfetherolf@polandschools.org](mailto:Dfetherolf@polandschools.org))

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Coaching Position Applied for: Volunteer Assistant Supplemental Assistant Supplemental Head

Level of Coaching Desired:  7th  8th  9th  JV  Varsity

Sport Desired to Coach: \_\_\_\_\_

List when and where Sports Medicine Workshop was or will be completed:  
*(Note this workshop must be completed prior to assuming any coaching duties with the school district.)*

List when and where CPR Certification was or will be completed: *(Note this workshop must be completed prior to assuming any coaching duties with the school district.)*

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

The Poland Local School District does not discriminate on the basis of race, color, creed, national origin, sex, or handicap in employment opportunities or educational programs and activities operated by the District.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

**CRIMINAL RECORDS CHECK**

I acknowledge being informed that, as a precondition to employment in the position for which I am applying, I must be in accordance with Ohio law both provide a set of fingerprints and satisfactorily pass a criminal records check if I come under final consideration for employment. I recognize that there will be a charge and unless I pay the fee, I will not be considered for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: IN ACCORDANCE WITH BOARD POLICY, NO VOLUNTEER CAN ASSUME ANY COACHING DUTIES UNTIL APPROVED BY THE BOARD AND THE FOLLOWING INFORMATION IS ON FILE IN THE ATHLETIC OFFICE. VALID CPR, VALID PUPIL ACTIVITIES CERTIFICATION, COMPLETED APPLICATION (LESS THAN 2 YEARS OLD), AND THE WRITTEN RECOMMENDATION OF THE HEAD COACH, ATHLETIC DIRECTOR, BUILDING PRINCIPAL AND DISTRICT SUPERINTENDENT. NO VOLUNTEER COACH WILL BE COVERED BY THE BOARD'S LIABILITY INSURANCE UNTIL THE BOARD APPROVES SAID VOLUNTEER AND ALL THE REQUIRED INFORMATION IS ON FILE IN THE ATHLETIC OFFICE.**