

# Bluffton Athletic Department

## *Coaching Application*

COACHING POSITION APPLYING FOR: \_\_\_\_\_ DATE \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_  
STREET CITY STATE

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (\* NEEDED FOR CRIMINAL HISTORY CHECK\*)

### EMPLOYMENT HISTORY

NAME OF EMPLOYER	DIRECT SUPERVISOR	EMPLOYER'S PHONE #	DATES OF EMPLOYMENT
LIST JOB RESPONSIBILITIES	•	•	•
REASON FOR LEAVING			

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LIST JOB RESPONSIBILITIES	•	•	•
REASON FOR LEAVING			

### COACHING HISTORY

SPORT COACHED	LEVEL	DATES	HEAD COACH/ SUPERVISOR
SPORT COACHED	LEVEL	DATES	HEAD COACH/ SUPERVISOR

### CHARACTER REFERENCES

NAME	RELATIONSHIP	PHONE #
NAME	RELATIONSHIP	PHONE #
NAME	RELATIONSHIP	PHONE #

### SKILLS & ABILITIES (PLEASE PROVIDE ANY COACHING INFORMATION THAT WILL HIGHLIGHT YOUR ABILITIES AND QUALIFY YOU FOR THIS POSITION)

\_\_\_\_\_  
 \_\_\_\_\_

- I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED IS TRUE, COMPLETE AND ACCURATE, KNOWING THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND MY EMPLOYMENT MAY BE TERMINATED
- TO DETERMINE MY QUALIFICATIONS FOR EMPLOYMENT, I AUTHORIZED THE BLUFFTON-HARRISON MSD TO CONDUCT AN INVESTIGATION OF MY APPLICATION AND OBTAIN, AT MY EXPENSE A CRIMINAL HISTORY CHECK.
- I UNDERSTAND THAT ALL COACHING REQUIREMENTS AND RESPOSIBILITIES MUST BE FULFILLED BEFORE RECEIVING MY PAYCHECK AT THE CONCLUSION OF THE SEASON

\_\_\_\_\_  
 SIGNATURE DATE

