

**JEFFERSON UNION HIGH SCHOOL DISTRICT  
APPLICATION FOR COACHING POSITION (PAID)**

<b>Position:</b>	<b>Date:</b>
<b>School:</b>	<b>Head:</b> <input type="checkbox"/> <b>Assistant:</b> <input type="checkbox"/>
<b>Name:</b>	<b>Birth Date:</b>
<b>Address:</b>	<b>Home Phone:</b>
<b>City/ State/ Zip:</b>	<b>Cell Phone:</b>
<b>Email:</b>	
<hr/>	
<b>Current Employer:</b>	<b>Work Phone:</b>
<b>Address:</b>	<b>How Long:</b>
<b>City/ State/ Zip:</b>	<b>Supervisor:</b>

**Do you have a current CPR/ First Aid Card?**    Yes     Expiration date: \_\_\_\_\_    No

*\*\*Please bring copy of current CPR/First Aid Card to the District Office in order for application to be processed. \*\**

Do you have a California Teaching Credential? \_\_\_\_\_

If not, how many semester units of college credit have you earned? \_\_\_\_\_

List courses you have had which relate to working with high school aged students:

<b>1. Course:</b>	<b>Date:</b>
<b>2. Course:</b>	<b>Date:</b>
<b>3. Course :</b>	<b>Date:</b>
<b>4. Course:</b>	<b>Date:</b>

List previous coaching or volunteer experience in chronological order:

<b>Organization, School or Team Name and Location</b>	<b>FROM: (Mo. / Yr.)</b>	<b>TO: (Mo. / Yr.)</b>	<b>Volunteer Position Held</b>	<b>Contact Person with Phone Number</b>

List any other experience you have had which qualifies you to coach this sport:

**PRINCIPAL'S CERTIFICATION & RECOMMENDATION: To the best of my knowledge the applicant is qualified for the coaching position and I recommend him/her for paid coaching service. INSTRUCT APPLICANT TO CONTACT PERSONNEL FOR PROCESSING PRIOR TO COACHING SERVICE- (650)550-7965.**

**All school coaching approvals are for one school year only unless extended by the principal in writing.**

SIGNATURE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

(Principal)

List three (3) non relative references who can attest to your good character:

Name	Address	Home Phone	Work Phone	Relationship to Applicant

Have you ever been convicted in a Civil/ Criminal Court Action? (Exclude traffic violations resulting in fines less than \$75). YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, give date place, nature and disposition of each offence below or use a separate sheet (If in doubt, state details). NOTE: FINGER PRINTING IS REQUIRED. SCHOOL DISTRICT MAY NOT EMPLOY OR ACCEPT VOLUNTEER PERSONS CONVICTED OF NARCOTICS (DRUG), SEX OR VIOLENT OFFENSES. \_\_\_\_\_

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

Are charges currently pending for any matter related to you? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently serving probation for any criminal offense or agreed to serve in a diversion program since the age of 18? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DRIVER'S LICENSE: YES: \_\_\_\_\_ NO: \_\_\_\_\_ STATE: \_\_\_\_\_

If hired, would you be able to provide documents establishing your identity and your legal right to work in the United State? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**I hereby certify under penalty of perjury that all statements made in this application are true and complete and understand that my misstatements of material facts may be subject to disqualification or dismissal.**

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

**TO APPLICANT:** The information in this section is voluntary. It is requested under the conditions of Section 1233 of the California Government Code which permits the collection of ethnic background data. This data is to be used solely for implementing and improving our Affirmative Action Program and will have no bearing on your application.

AMERICAN INDIAN: \_\_\_\_\_ ASIAN: \_\_\_\_\_ BLACK: \_\_\_\_\_ WHITE: \_\_\_\_\_  
PACIFIC ISLANDER: \_\_\_\_\_ FILIPINO: \_\_\_\_\_ HISPANIC: \_\_\_\_\_ OTHER: \_\_\_\_\_