



Plumas Unified School District
 1446 E. Main Street, Quincy, CA 95971-6009
 www.pcoe.k12.ca.us
 Telephone: (530) 283-6500 Fax: 530-283-3776

Application for Employment – Temporary Athletic Coach
 (one sport season only)

INSTRUCTIONS:

- Complete all sections. An incomplete application may disqualify you.**
- Complete “Confidential Conviction Information” form and attach to application.**
 (If form not attached, a copy is available at Human Resources Office or on-line at www.pcoe.k12.ca.us (click on “Employment”). Failure to complete this form will disqualify you from further consideration for employment.

Personal Information:

Please type or print in ink: Coaching position applying for:

Name: _____ Job #: _____

Mail Address: _____ Position(s): _____

City/Zip: _____

Home phone: _____ Sport(s): _____

Cell phone: _____ School: _____

Business Phone: _____ E-mail address: _____

Valid CA Driver’s License? Yes No Expiration date: _____

Have you ever worked for the Plumas Unified School District? Yes No If yes, complete the following:

Last Position _____ Location _____ Dates: From/To _____

Education:

High School _____ Graduate: Yes No GED

City _____ State _____

College/University _____ Graduate: Yes No Degree: _____

City _____ State _____ Major: _____

Have you completed any college level course work in adolescent psychology, sports psychology or human growth and development?
 Yes No If yes, list courses: _____

Coaching Experience:

<u>Dates (From – To)</u>	<u>Sport</u>	<u>Coaching Position</u>	<u>School/Organization</u>	<u>Contact Person/Number</u>

Work Experience:

Worked from (Month & Year) _____ To (Month & Year) _____ Title of Position _____

<u>Company Name</u>	<u>Address</u>	<u>City/State</u>

Name and title of supervisor -- address if different _____ Phone _____

Name and title of next higher supervisor _____

Duties performed: _____

Hours worked each week _____ Are you employed by this company now? Yes No

Reason for leaving: _____

Worked from (Month & Year) _____ To (Month & Year) _____ Title of Position _____

Company Name

Address

City/State

Name and title of supervisor -- address if different

Phone

Name and title of next higher supervisor

Duties performed: _____

Hours worked each week _____

Are you employed by this company now? Yes No

Reason for leaving: _____

Qualifications:

The following qualifications apply to everyone who serves as a temporary athletic coach. You must complete all of the following:

1. Do you have a written statement from a licensed physician showing that you are free from tuberculosis. Yes No
If yes, please attach a copy of the form.
- 2.* Do you have a valid cardiopulmonary resuscitation (CPR) card? Yes No
If yes, please attach a copy of the card.
- 3.* Do you have a valid First Aid card? Yes No
If yes, please attach a copy of the card.
- 4.* Have you completed the Fundamentals of Coaching course (CIF) through the National Federation of State High School Associations? Yes No
5. When during the day are you available for coaching? _____
6. Specify any times, days, dates, etc., when you would be unavailable to coach? _____
7. I am 21 years old or more (Head Coach positions only) Yes No
8. I am 18 years old or more. Yes No

* The District may temporarily waive compliance with any one or more of the above noted requirements provided that the applicant is enrolled in a program leading to acquisition of the requirement(s). Until all requirements are met, the prospective coach shall serve under the immediate supervision of a fully qualified athletic coach.

References:

List the names and phone numbers of three people not related to you who may be contacted for a reference check.

Name

Phone Number:

Can you perform the essential duties as listed in the job description?

Yes No Comment: _____

All applicants for employment must complete the "Confidential Conviction Information" form (see instructions on page 1)

Reminder: you must sign and date application below in order to be considered for employment.

My signature certifies that the aforementioned information is an accurate and correct statement of my personal and professional history. As an applicant for a position with the Plumas Unified School District I am required to furnish information and references for use in determining my qualifications. I understand that the District may conduct an investigation of my work and/or personal history, and the district may verify all data given in my application for employment, related papers, and/or oral interviews. I further understand that any and all references provided to the District may be contacted, either in writing or otherwise. By signing below, I hereby authorize such investigation. In addition, I authorize any previous employer and/or any other reference to release and fully disclose to any agent of the District any information that such person may have concerning me, including information of a confidential or privileged nature. I hereby release the District, previous employers, and/or other references from liability or damage that may result from furnishing the information requested. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain my original written signature.

I further certify that if hired, I will comply with all District, C.I.F., league and school rules and regulations pertaining to inter-scholastic athletics.

Print Name

Signature

Date

Return to: Plumas Unified School District, Human Resources Office, 1446 E. Main St., Quincy, CA 95971

Plumas Unified School District is an Equal Opportunity Employer



PLUMAS UNIFIED SCHOOL DISTRICT / PLUMAS COUNTY OFFICE OF EDUCATION
1446 E. MAIN STREET
QUINCY, CA 95971
www.pcoe.k12.ca.us
TELEPHONE (530) 283-6500 - FAX (530) 283-3776

CONFIDENTIAL CONVICTION INFORMATION

Instructions: ALL APPLICANTS FOR EMPLOYMENT MUST COMPLETE THIS FORM. FAILURE TO COMPLETE THIS FORM WILL DISQUALIFY YOU FROM FURTHER CONSIDERATION FOR EMPLOYMENT. The existence of a criminal record does not automatically bar you from employment. All information will remain confidential. You must list all convictions except juvenile, even if they were subsequently dismissed pursuant to Penal Code Section 1203.4. If you were convicted, it is in your record. You must put it on this form. It will show up on your fingerprint report. Failure to include a conviction on this document will be grounds for rejection of an application or dismissal from employment.

Name of Applicant (Last, First, Middle)	Application Date (Month/Day/Year)
Job Title of Position Desired	Social Security Number

Please complete each question.

1) HAVE YOU, AS AN ADULT EVER PLEADED GUILTY, BEEN CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, OR GIVEN A SUSPENDED SENTENCE BY A CIVILIAN OR MILITARY COURT?

Please check one:

NO **YES**...if "yes", you are *required* to complete all offense information below.

You must answer "YES" if you were convicted, whether by plea, jury verdict, or finding of guilt by a court in a trial without a jury, irrespective of a subsequent order under Penal Code Section 1203.4 allowing the withdrawal of a plea of guilty and entering the plea of not guilty, or setting aside a verdict of guilty, or dismissing the accusations or information (**but you may omit minor traffic violations**).

Brief Description of Offense (required) <small>Attach additional explanation as needed</small>	Offense Code Number (required)	Date (Mth/Yr) (required)	Location City and State (required)	Misdemeanor	Felony	Imprisoned	Fined	Probation
				Please Check (required)				

2) AT THIS TIME, IS THERE ANY CRIMINAL COMPLAINT OR INDICTMENT ISSUED AGAINST YOU WHICH IS NOW PENDING AND AWAITING A FINAL DECISION IN ANY STATE OR FEDERAL COURT?

Please check one:

NO **YES**...if "yes", please explain fully on the back of this sheet and provide a copy of the complaint or indictment.

DECLARATION	I declare that I have read and understand all of the questions and statements listed above and the answers I have given are true and correct.	
Signature of Applicant		Date Signed