



## Application for Employment Interscholastic (Athletic) Coach

Lapeer Community Schools is an Equal Opportunity Employer. A person with a disability or handicap requiring accommodation for completing the application process should notify the Human Resources Office.

1. **Date of application** \_\_\_\_\_

2. **Personal data**

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Number Street City State Zip

Social Security # \_\_\_\_\_ Phone \_\_\_\_\_

3. **Position(s) applying for** \_\_\_\_\_

4. Please indicate any experience, skills, or interests you feel are pertinent to this application.  
\_\_\_\_\_  
\_\_\_\_\_

5. **Education**

	Name and location	Number of credits completed	Did you graduate?		Degree
			Yes	No	
High School	_____	_____	Yes	No	_____
College	_____	_____	Yes	No	_____
Other	_____	_____	Yes	No	_____

6. **Current employment** (Completion of this section is mandatory; **DO NOT WRITE "SEE RESUME".**)

Name of employer \_\_\_\_\_ Location \_\_\_\_\_

What is your work assignment? \_\_\_\_\_

Dates of Service \_\_\_\_\_

Name/Title of your immediate supervisor \_\_\_\_\_ Phone \_\_\_\_\_

**7. All previous employment including U.S. military and coaching experience** (Attach additional page(s) if necessary; **DO NOT WRITE "SEE RESUME".**)

Employer	Address	Immediate Supervisor	Assignment	Dates	Reason for leaving
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Have you ever been a party to a resignation agreement or similar severance procedure with any prior employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach an explanation and attach a copy of the agreement pertaining to your severance.

Have you ever been disciplined or discharged for any of the following?

- Absenteeism, tardiness, failure to notify employer when absent \_\_\_\_\_ Yes \_\_\_\_\_ No
- Theft or unauthorized removal of employer's property or related offense \_\_\_\_\_ Yes \_\_\_\_\_ No
- Being under the influence, possession, use or abuse of alcohol or drugs \_\_\_\_\_ Yes \_\_\_\_\_ No
- Insubordination or defiance of authority \_\_\_\_\_ Yes \_\_\_\_\_ No
- Violating any rules or policies of the employer \_\_\_\_\_ Yes \_\_\_\_\_ No
- Any reason other than listed above \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to any of the previous questions regarding discipline or discharge, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you missed more than five (5) scheduled workdays in any of the previous five (5) years? \_\_\_\_\_  
 If yes, please explain any reasons other than illness or disability:

\_\_\_\_\_

**8. Driving information**

Driver's license number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Driving restrictions \_\_\_\_\_ Other \_\_\_\_\_

- List all traffic offenses for which you were convicted or forfeited collateral during the past five (5) years:

Nature of offense	Place	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

- List all accidents which you have had during the past five (5) years:

Nature of accident	Place	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has your driver’s license ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

**9. Athletic Participation**

**High School/College Sports Participation [attach additional page(s) if necessary]**

Sport/School	No. of Years	Honors
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Previous Coaching Experience**

Sport	No. of Years	Level/Where
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Coaches you have played under or coached under**

Name	Sport	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a valid first aid and CPR certificate? Yes \_\_\_\_ No \_\_\_\_

To what extent are you familiar with the care and prevention of athletic injuries?  
\_\_\_\_\_

Do you have CAP (Coaches Advancement Program) Training? Yes \_\_\_\_ No \_\_\_\_  
If yes, what levels have you completed? \_\_\_\_\_

Will your present job allow you to be at practice by 3:00 p.m. daily? Yes \_\_\_\_ No \_\_\_\_

Will you have time for rules meetings, training, and workshops? Yes \_\_\_\_ No \_\_\_\_

**References (School Personnel Preferred)**

Name	Position	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Coaching Philosophy**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. Additional information**

- Have you ever been granted tenure as a teacher in a Michigan public school system?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and when? \_\_\_\_\_

- Have you ever been convicted of or pled guilty or nolo contendere (no contest) to any misdemeanors or felonies, **OR** are there any felony charges pending at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please attach an explanation regarding the date, location, and nature of such.

- Can you perform the duties of the job in which you wish to be employed, with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

- When would you be available for employment? \_\_\_\_\_

Applications are maintained in the active applicant file for 12 months from the date submitted. Applicants must ensure that completed support staff reference forms are submitted (attached).

**Applicant:** Please read, sign, and date.

In signing on the following page:

I consent that any former or current employer, whether named in this application or not, may release any and all of my employment records to the Lapeer Community School District and may provide any and all reference information that may be requested by the district. Further, I understand and agree that such reference information shall be considered confidential and that I will not have access to it.

I release each provider of employment records, each reference writer, and each reference's employer from any and all liability associated with this matter.

I understand that prior to employment the Lapeer Community School District will request written authorization to conduct both a criminal records check through the Michigan State Police and the Federal Bureau of Investigation and an Unprofessional Conduct Check through my previous employer(s) as required by State law, and I consent to having such checks completed.

I understand that this application will be considered active for twelve months from the date indicated below and, if hired, it will become part of my official employment record.

I attest to the completeness and accuracy of all information that I have provided herein.

**I understand that misrepresentation or omission of facts called for in relation to this application and or knowingly providing inaccurate information on a resume is cause for dismissal of anyone previously offered employment and is cause for inactivation of any application for a position with Lapeer Community Schools. Further, I authorize investigation of all statements contained in this application.**

\_\_\_\_\_

**Signature of applicant**

\_\_\_\_\_

**Date**

**Pursuant to Lapeer Community Schools Board of Education policy, the District does not discriminate on the basis of race, color, religion, national origin, sex, disability, age, height, weight, marital status, or any other legally protected characteristic, in its programs and activities, including employment opportunities.**

**FOR OFFICE USE ONLY:**

**RECOMMENDED TO BE HIRED FOR \_\_\_\_\_ YRS. EXP: \_\_\_\_\_**

**SIGNATURE OF ATHLETIC DIRECTOR \_\_\_\_\_ DATE: \_\_\_\_\_**