

MONTELLO SCHOOL DISTRICT

222 Forest Lane, Montello, WI 53949

608-297-7617 / Fax 608-297-7726

website: www.montello.k12.wi.us

COACHING APPLICATION FORM

PLEASE NOTE: WIAA regulations require that all coaches without a teaching license take a coaching certification class prior to their second year of coaching. Montello School District will reimburse tuition costs after the successful completion of a coaching class. All applicants must be 21 years of age.

SECTION A – Applicant Information				
Name: _____ Last, First, MI	Address: _____	City: _____	State: _____	Zip: _____
Daytime Phone: _____	Social Security Number: _____ - _____ - _____	Are you presently certified to teach in Wisconsin? _____ Yes _____ No		
Evening Phone: _____		If not, do you have coaching certification? _____ Yes _____ No		
SECTION B				
HIGH SCHOOL:	LOCATION:	DEGREE EARNED:	DATE EARNED:	
COLLEGE:	LOCATION:	DEGREE EARNED:	DATE EARNED:	
MAJOR(S):	MINOR(S):	OTHER EDUCATIONALLY RELATED INFORMATION (CPR, First Aid, EMT, etc.):		
SECTION C				
Which coaching position are you applying for? _____				
Have you previously been employed by Montello School District? _____ Yes _____ No				
If so, when and in what capacity? _____				
Describe your general health: _____				
Have you had any serious illness in the last five years? _____ If so, please explain: _____				

High School Sports Participation:		Post High School Sports Participation:		
Sport:	Number of Years:	Sport:	Number of Years:	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
Related Experiences: (Sports, recreation, coaching, etc.)				

Would you be willing to take an athletic training course? _____ Yes _____ No				

List any restrictions or conditions of your availability for employment not previously discussed such as hours or days not available:

Briefly describe why you wish to apply for this position.

SECTION D – Personal References

NAME:	POSITION:	ADDRESS:	HOME PHONE:	BUSINESS PHONE:
1.				
2.				
3.				

GIVE ANY ADDITIONAL INFORMATION WHICH MAY REFLECT UPON YOUR CANDIDACY:

Because of the nature of this position, applicants with conviction records who are invited to an employment interview will be asked to discuss this information. (A conviction record will not be used as criteria in making an employment decision unless the circumstance of the offense substantially relates to the circumstance of this position.)

CERTIFICATION STATEMENT

PLEASE READ, SIGN, AND DATE THE FOLLOWING STATEMENT:

I certify that I have fully read this application form and that all answers to questions in this application are true and complete to the best of my knowledge and I agree that my misstatements or omissions of material fact may disqualify me for this position.

Signature of Applicant

Date

PERMISSION FOR BACKGROUND AND REFERENCE CHECK

May we conduct a personal background check, including contact of your references named in this application, as well as present and previous employers, including records of municipal, state, and federal law enforcement agencies, selective service system, and review other records related to this position? Additionally a negative drug screen is required prior to any offer of employment.

_____ Yes _____ No If no, please explain _____

If yes, please provide your date of birth _____ and Social Security Number _____

Alias/Maiden Name _____

Signature of Applicant

Date

USDA Nondiscrimination Statement Update

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.