

# ARICKAREE/WOODLIN SPORTS CO-OP

Phone: 970-383-2202, Arickaree  
970-386-2223, Woodlin

## APPLICATION FOR COACHING POSITION

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LAST

FIRST

MIDDLE

Date: \_\_\_\_\_

Position Desired (First Preference Only)

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### AN EQUAL OPPORTUNITY EMPLOYER

*IMPORTANT: Before final consideration for employment, the candidate must have on file in the district office a complete set of transcripts and/or a placement file. It is the candidate's responsibility to see that the transcripts and/or placement files are provided. A screening interview is also required. Out-of-state candidates should write to the Colorado Department of Education, 201 E Colfax Ave., Denver, CO 80203, regarding licensing. CDE phone (303) 866-6628. All Applicants must qualify for Colorado Certification prior to employment.*

*This District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, or national origin.*

BOTH MALE AND FEMALE ARE URGED TO APPLY.

**PERSONAL DATA** (Please type or print)

1. Name \_\_\_\_\_

3. Other names used \_\_\_\_\_

4. Home mailing address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

5. Business mailing address: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

**6. POSITION DESIRED:**

JUNIOR HIGH (Grades 6-7) List in order of preference.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

HIGH SCHOOL (Grades 9-12) List in order of preference.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

7. Have you ever been dismissed or asked to resign from a position?  
(Please check) Yes \_\_\_ No \_\_\_

If yes, explain:

\_\_\_\_\_

8. Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer and/or disciplinary action against a license/certificate?  
(Please check) Yes \_\_\_ No \_\_\_

If yes, explain:

\_\_\_\_\_

**LICENSE**

9. Colorado (or other state) license(s) now held: (Candidates are responsible for obtaining proper licenses.) Submit photocopy of license(s).

License	Expiration Date

**COACHING EXPERIENCE:**

10. Assignment and location:

NAME OF SCHOOL	LOCATION CITY & STATE	NO. YEARS	DATES BEGINNING ENDING	REASON FOR LEAVING

**PERSONAL INFORMATION REFERENCES:**

11. Give names and complete addresses of at least three references that are familiar with your personality, character and work performance.

NAME	YEARS KNOWN	OFFICIAL POSITION	PHONE

**PHILOSOPHY OF COACHING**

12. Why are you seeking a position with Arickaree/Woodlin Sports COOP?

13. Please explain the role you feel athletics plays in education.

14. Present any additional information regarding your abilities not dealt with earlier.

(Additional information may be listed on separate sheet.)

**CERTIFICATION AND RELEASE**

*I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer-reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*\* All applicants must submit fingerprints to the district at time of employment.*