DELANO JOINT UNION HIGH SCHOOL DISTRICT 1720 NORWALK STREET DELANO, CA 93215 (661) 725-4000, FAX (661) 721-9390

ATHLETIC EMPLOYMENT APPLICATION

Name: Last First	COACHI	NG POSITI	ON DESIRED:				
Email Address: Present Address				_ School Site: DH	S CCHS	SRFKHS	
Email Address: Present Address	PERSON <i>A</i>	L DATA: ((Please print clearly or type)				
Fingerprints on File? Yes No Year Taken City State Zip Code	Name:	Last	First	Date of Birth:	/	/	
Fingerprints on File? Yes NoYear Taken City State Zip Code Home Phone ()				Email Address:			
City State Zip Code Home Phone () Work Phone () Cell Phone () LICENSE/CERTIFICATE: If a box is marked, please provide a copy of the certificate: □ First Aid/CPR □ Water Safety □ Activity Supervisor Clearance Certificate □ Fundamentals of Coachin RELATED EXPERIENCE: □ DATES	Present A	ddress					
LICENSE/CERTIFICATE: If a box is marked, please provide a copy of the certificate: First Aid/CPR	City		State Zip Code	Fingerprints on	File? Yes	NoYear Taken	
First Aid/CPR Water Safety Activity Supervisor Clearance Certificate Fundamentals of Coaching RELATED EXPERIENCE: DATES	Home Pho	one () _	Work Phone	()	Ce	ell Phone ()	
First Aid/CPR Water Safety Activity Supervisor Clearance Certificate Fundamentals of Coaching RELATED EXPERIENCE: DATES	LICENSE	CERTIFICA	ATE: If a box is marked, please p	provide a copy of th	e certificate:		
DATES Types of Coaching Experience LOCATION Name, Address, and Telephon To Indicate Paid or Volunteer City State # of Employer EMPLOYMENT HISTORY: LOCATION Name, Address, and Telephon Types of Work Location Types							
DATES Types of Coaching Experience From To Indicate Paid or Volunteer City State # of Employer EMPLOYMENT HISTORY: DATES Types of Coaching Experience Indicate Paid or Volunteer City State # of Employer LOCATION Name, Address, and Telephore # of Employer	□ First	: Aid/CPR	☐ Water Safety ☐ Activity	y Supervisor Cleara	ince Certificat	te Li Fundamentals of Coaching	
From To Indicate Paid or Volunteer City State # of Employer EMPLOYMENT HISTORY: DATES TYPES OF WORK Types of Coaching Experience City State # of Employer Name, Address, and Telephore	RELATED	EXPERIEN	<u>CE</u> :				
From To Indicate Paid or Volunteer City State # of Employer EMPLOYMENT HISTORY: DATES TYPES OF WORK LOCATION Name, Address, and Telephore # of Employer	DA	ATES	Types of Coaching Experies	nce LOC	ATION	Name, Address, and Telephone	
DATES LOCATION Name, Address, and Telephon # of Employer	From	То			State		
DATES LOCATION Name, Address, and Telephon # of Employer							
DATES LOCATION Name, Address, and Telephon # of Employer							
DATES LOCATION Name, Address, and Telephon # of Employer							
TYPES OF WORK # of Employer	<u>EMPLOYI</u>	MENT HIST	ORY:				
TYPES OF WORK # of Employer	DA	ATES		LOC	ATION	Name Address and Telephone	
	From	То	TYPES OF WORK	City	State	-	
			performance and reason(s) for s application further if one or m			ther agrees that this employer many	

this employer's questions about job performance and reason(s) for departure. This application constitutes a written

waiver and may be presented for that purpose to any prior employer(s). _____ (initials)

<u>REFERENCES</u>: In addition to the supervisors listed above, please list 3 individuals who have knowledge of your ability to perform duties for the position(s) for which you wish to be considered. Include only those who have knowledge of your work or coaching experience as they relate to this position. Please do not list relatives.

INAIVIE	NAME POSITION COMPLETE ADDRESS CO						
	REQUIRED APPL	ICANT STATEMENT					
(1) Have you ever been convicte	ed of a felony or a misdem	eanor?	□ Yes	□No			
Penal Code Sections 667.6(c) contender (no contest) and/or of explanation must accompany	and 1192.7(c). A convict a finding of guilty by a judy y your application. Please self does not void your ch	ounged from your record pursuation includes a plea of guilty, age or jury. If YES is marked, a be reminded that being convictances for employment, but failuon or dismissal.	nolo letter ed of				
(2) Can your submit verification	n of your legal right to wor	k in the United States?	□ Yes	□No			
(3) Do you object to contacting	of references other than the	ose provided?	□ Yes	□No			
(4) I have read the job descripti	on and can perform the ess	ential functions of the position.	□ Yes	□No			
(5) Do you have any physical, e perform the position applied fo		□No					
(6) To preclude situations whi administrative staff, an emplo his/her immediate family mair Do you have any relatives emp you	er of ition.	□No					
(7) The information I have prov to the best of my knowledge, ar	urate	□No					
(8) I authorize and hold had organizations of employees needed relevant information that may of this authorization will be cor	any	□ No					
(a) =	reserves the right to disre	gard any application that is not	fully	□No			

Date Available

Date Signed

Signature of Applicant