Coaching/Consultant Application for Employment (Paid or Volunteer)

Complete the application in its entirety and return to the Athletic Office at the school in which you are applying.

Applying for: _____
Position Building

Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____ _____ **Email:** _____
Home Cell

Are you a Certified Teacher: Please check: Yes_____ No_____ If yes, please answer the following: What is your highest level of education? _____ How many semester hours total do you currently have? _____

Briefly state your qualifications and why you are interested in this position:

_____

_____

_____

_____

_____

List any other sports/positions you are interested in and qualified to coach:
_____

_____

Please indicate which of the following you currently hold:

	Credential	Expiration Date	ODE ID #
	Valid Ohio teaching license		
	Valid Ohio Pupil Activity Permit		
	CPR certification		

Education/Employment:

	Name	City/State	Dates - From/To
High School Attended			
College Attended			

Most Recent Employer			

Turn Over – Must Complete Other Side

List 5 references (at least 3 must be professional references):

Name	Relationship	Telephone #	Email

List all paid experience in the sport for which you are applying to coach. If more space is needed, attach a separate page.

Location	Position	Name/Phone # of Supervisor	Dates – From/To

In accordance with Ohio Revised Code §3319.39 and Board of Education policy, all applicants are subjected to criminal background checks. You are hereby notified that you may be disqualified from employment if you have pleaded guilty to or have been convicted of certain criminal offenses as provided by law. Applicants may be hired conditionally pending receipt of a background check. If the background check indicates that the applicant has one or more disqualifying offenses, the applicant will not be hired and any conditionally hired applicant will be released from employment immediately. No person who may be responsible for the care, custody, and/or control of a student can be employed if the applicant has been convicted of any of the disqualifying offenses listed under R.C.3319.39, 3319.31, and OAC 3301-20-01.

By signing below, I acknowledge that the information provided in this application is accurate. Additionally, I understand the requirements of the position for which I am applying, including the need to obtain a satisfactory background check and Pupil Activity Permit (PAP), as issued by the Ohio Department of Education, prior to working with student athletes. If I do not obtain a satisfactory background check, PAP and/or meet any other conditions of employment, I understand Forest Hills may release me from any offer of employment.
I clearly understand that I am not allowed to work directly with student athletes until I have been Board-approved and/or conditionally hired.

_____ _____

Signature **Date**

Forest Hills Schools does not discriminate nor tolerate harassment in its employment opportunities, educational programs or activities

for any reason including on the basis of race, color, religion, national origin, sex, disability, military status, ancestry, sexual orientation, age or genetic information.
Individuals with certain criminal history will be disqualified from employment with the Forest Hills School District.