



GAYLORD COMMUNITY SCHOOLS

615 South Elm Street Gaylord, MI 49735

Telephone 989.705.3080

Fax 989.732.6029

Job Hotline 989.705.3099

www.gaylordschools.com

Employment Application: Athletic Coach

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: () E-mail Address: _____

Date Available: _____ Position Applied for: _____
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this district? YES NO If yes, when? _____

Relatives employed by this district: _____
Name Relationship

Person to be notified in case of emergency: _____
Name Address Telephone Number

Education

High School: _____ Address: _____ Degree: _____
From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____ Degree: _____
From: _____ To: _____ Did you graduate? YES NO

Other: _____ Address: _____ Degree: _____
From: _____ To: _____ Did you graduate? YES NO

Previous Employment

Employer Name and Location	Supervisor Name and Phone	Position	Dates of Employment	Reason for leaving	May we contact your previous employer?

Coaching History (Including Volunteer)

Employer Name and Location	Supervisor Name and Phone	Position	Dates of Employment	Reason for leaving	May we contact your previous employer?

Experience in Athletics

Please list the sports in which you have been active (High School, College, etc.)

First Aid and Emergency Procedures

First Aid Certificate? Yes No Expiration Date: _____

CPR Certificate? Yes No Expiration Date: _____

References

Please list two professional and/or personal references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: () _____
 Address: _____

Disclaimer and Signature

Have you ever been convicted of a crime? YES NO

Are there any felony charges pending against you? YES NO

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation? YES NO

I have made application for employment with Gaylord Community Schools (the "District"). I hereby authorize the District to make a thorough investigation of my past employment. I also authorize my previous employers to release to the District any and all information and records which they may have, personal or otherwise, concerning my previous employment. By way of example, but not by way of limitation, I also authorize the District to request and my previous employers to disclose any information about my attendance, punctuality, work performance, knowledge of subject matter and ability to relate to others. I understand that making any misleading or untruthful statement on this application may result in my dismissal if I am appointed. If accepted for employment, I understand that this application will become a permanent part of my personnel record.

Signature: _____

Date: _____

It is the policy of Gaylord Community Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, marital status or any other legally protected characteristic be excluded from participation in, be denied the benefits of, or be subjected to, discrimination during any program, activity, service or in employment.