

ST JOHN-ENDICOTT COOPERATIVE SCHOOL DISTRICTS
Coaching Application

Name _____

City/State/Zip _____

Home Phone: _____ Work Phone _____

Current Employment _____

Position Applying For _____

<u>School District</u>	<u>Teaching Position</u>	<u>Grade Level</u>
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PLAYING EXPERIENCE: (Related to desired coaching position)

COACHING REFERENCES: (Use extra sheet if required)

WORK REFERENCES:

<u>Name</u>	<u>Position</u>	<u>School</u>
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TEACHING ENDORSEMENTS: (Subject Areas/Grade Level(s))

PHILOSOPHY: (Explain your philosophy as it applies to these areas)

Winning _____

Sportsmanship _____

Discipline _____

Safety _____

JOB EXPECTATIONS: (Expectations other than salary prerequisite to accepting this position)

Current First Aid Card? No Yes Expiration Date _____

Signature

Date

St. John-Endicott Cooperative School Districts

Coaching Pre-Employment Information

Confidential

Failure to provide the information requested below will not jeopardize or adversely affect the consideration you receive for employment. However, your answers will help ensure that our affirmative action program results in fair representation of employment and assist us in meeting requirements to accommodate the new federally mandated reporting of staff ethnicity and race data. This form will be separated from your application before any evaluation of candidates is undertaken.

Please complete questions one and two below and return this form with your application. If you have questions regarding this request you can contact me at 509-648-3668 or at dcrider@stjohn.wednet.edu.

Sex: Male Female Date of Birth:

- 1. ETHNIC GROUP: Check either Yes or No Hispanic/Latino Yes No
2. RACE CATEGORIES: Check all that apply

Table with 5 rows defining race categories: AMERICAN INDIAN/ALASKA NATIVE (I), ASIAN (A), BLACK (B), NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (P), WHITE (W).

Disabilities: "Disabled individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, 2) has a record of such impairment, (3) is regarded as having such an impairment, or (4) has a known relationship or association with a disabled person.

I am disabled as defined: Yes No

Recruitment Source: Please indicate the publication or other source where you obtained information regarding this position notice so we can determine the effectiveness of various recruitment efforts:

Please print:

Last Name First Name

St. John - Endicott Cooperative School Districts

APPLICANT DISCLOSURE FORM PURSUANT TO CHAPTER 486, LAWS OF 1987

Please Note: A background check with the Washington State Patrol will be conducted on all certificated and all unsupervised classified employees and volunteers, and may be initiated on any other classified employees and volunteers.

Answer YES or NO to each listed item. If the answer is YES to an item, explain in the area provided, indicating the charge or finding, the date and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder, first or second degree murder, first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree statutory rape; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?
- No Yes

If yes, explain _____

2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?
- No Yes

If yes, explain _____

3. Have you ever been found by the court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
- No Yes

If yes, explain _____

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?
- No Yes

If yes, explain _____

Pursuant to RCW 9A.72.085 I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature _____ Date _____

Witness (with knowledge of applicant) _____

Witness Address and Phone Number _____