

**WRIGHTSTOWN COMMUNITY SCHOOL DISTRICT
DEPARTMENT OF ATHLETICS & ACTIVITIES**



**P.O. Box 128
Wrightstown WI 54180
920-532-5551
Athletic Coach**

OFFICE USE ONLY
Athletic Director Approval _____
Head Coach Approval _____
(if applicable)

Name _____
Last First MI

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email Address _____

Coaching Assignment Applying For _____

Do you have a child participating in this sport? Yes No

EDUCATION

	School or Institute and Location	Major/Minor	Diplomas, Degrees or Credits Earned	GPA
High School				
Technical College				
College/University				

Other Relevant Training (i.e. courses in First Aid, CPR, clinics, etc.) _____

SPORTS PARTICIPATION:

High School _____

College/University _____

Other Related Experiences (i.e. sports, recreation, coaching) _____

List any restrictions or condition of availability as a coach _____

Coaching Philosophy and Objectives

State your general coaching philosophy as it relates to coaching a youth sports team

EMPLOYMENT HISTORY: (Company, Supervisor, Address and Phone Number)

1. _____
2. _____
3. _____

PERSONAL REFERENCES: (Relationship, Name, Address and Phone Number)

1. _____
2. _____
3. _____

ALL REFERENCES WILL BE CHECKED

EMPLOYER DISCLAIMER, AUTHORIZATION AND RELEASE

Through my signature below, I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, my employment with the Wrightstown School District may be terminated. I agree that the Wrightstown School District shall not be held liable in any respect if my employment is terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application.

I am informed that the Wrightstown School District will conduct an inquiry regarding my qualifications, background and suitability for the position of employment, for which I have made application and I consent to the inquiry.

I also authorize former employers, educational institutions, government agencies, personal references, professional references, and other appropriate sources to provide the Wrightstown School District with any information requested regarding my employment, character, experience, and qualifications, and/or suitability for employment, including any record of civil or criminal conviction or arrest, the circumstances of which substantially relate to the circumstances of the position for which I have applied; record of civil judgment; police record; driving record; check of my fingerprints; record of professional license revocation, and opinions related to my suitability for hire. I understand that such information is sought on a confidential basis and will not be released to me in any form whatsoever. I waive any right or claim of access to this information.

I authorize disclosure to the Wrightstown School District of my complete personnel file and all personnel records maintained by the previous employers, identified in this application.

I further voluntarily and knowingly, fully release and discharge, absolve, indemnify, and hold harmless such former employers, persons, firms, corporations, schools, or government agencies, their officials, employees, and agents from any and all claims, liability, demands, causes of action, damages, and costs, including attorneys' fees, present and future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any information, records, or opinions concerning my employment pursuant to this authorization, except for the malicious and willful disclosure of derogatory facts concerning employment, made for the express purpose of preventing me from obtaining employment which the officer, employee, or agent, disclosing such facts, knows are untrue.

A copy of this authorization is as valid as the original and should be recognized as such.

Signature _____ Date _____

This school district is an equal opportunity employer and does not discriminate in its employment practices on the basis of race, creed, sex, national origin, disability, age, color, religion, genetic information, marital status, citizenship status, veteran status, military service (as defined in Sec. 111.32, Wis. Stats.), sexual orientation, national origin, ancestry, arrest record, conviction record, use or non-use of lawful products off School District premises during non-working hours, or any other characteristic protected by law, except as permitted by law.