

Little Wound School
P.O. Box 500
Kyle, South Dakota 57752

APPLICATION FOR COACHING/SPONSOR POSITIONS

Coaching/Sponsor Position Applied for: _____

Head _____ Assistant _____ []H.S. []M.S. []Elem.

Date of Application: _____

If currently employed at Little Wound School, must have prior written approval by Supervisor:

Supervisors Signature: _____

In compliance with federal, state and tribal equal opportunities laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or the presence of a non job-related medical conditions or handicap. The legal policy of Indian preference will be followed.

Name: _____ Telephone #: _____
Last First Middle

Address: _____
P.O. Box City State Zip Code

Personal Information:

a.) Have you ever been employed as a coach or sponsor at LWS? Yes___ No___ If yes, when and what position(s):

b.) Have you ever been convicted of a felony? Yes___ No___ If yes, state nature of crime, disposition of case and date(s): _____

c.) Are you certified to coach SDHSAA Sports? Yes___ No___ If so, attach a copy of your certification.

d.) Are you certified for Sports Injury certification? Yes___ No___ If so, attach a copy of your certification.

e.) Do you possess a valid drivers license (in any state)? Yes___ No___ If so, attach a coy of your drivers license.

What is your philosophy of coaching: _____

EDUCATION, TRAINING AND EXPERIENCE:

A.) High School:

School Name: _____

School Address: _____ School city, state, zip: _____

Did you graduate? Yes___ No ___ If yes, what year? _____ If no, do you have a GED? Yes ___ No ___

B.) College/University:

School Name: _____

School Address: _____ School City, state, zip: _____

Number of years completed: _____

Did you graduate? Yes ___ No ___ If yes, Degree/Diploma Earned: _____

C.) Coaching / Sponsor Background: (begin with the most recent)

- 1. Employer/School _____ Address _____
Coach/Sponsor Title _____ Area (HS, MS, EL) _____
Phone # _____ Date(s) _____ Supervisor _____
Duties/Responsibilities _____

- 2. Employer/School _____ Address _____
Coach/Sponsor Title _____ Area (HS, MS, EL) _____
Phone # _____ Date _____ Supervisor _____
Duties/Responsibilities _____

- 3. Employer/School _____ Address _____
Coach/Sponsor Title _____ Area (HS, MS, EL) _____
Phone # _____ Date _____ Supervisor _____
Duties/Responsibilities _____

- 4. Employer/School _____ Address _____
Coach/Sponsor Title _____ Area (HS, MS, EL) _____
Phone # _____ Date _____ Supervisor _____
Duties/Responsibilities _____

Other Related Skills: _____

References: (List three personal references **not** related to you)

	<u>Name</u>	<u>Address</u>	<u>Telephone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

AGREEMENT

I certify that answers given herein are true and complete to that best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I also agree to submit to a pre-employment drug test and understand that I must have a verified negative result before providing any service to the Little Wound School.

Date

Applicant's Signature

