

**SCHOOL DISTRICT OF SHEBOYGAN FALLS
APPLICATION/INFORMATION RECORD
COACHING**

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____
Last First Middle Initial

Address _____
Street City State/Zip

Residence Phone _____ Business Phone _____

EDUCATION

High School _____
Name
City State

College _____
Name
City State

COACHING EXPERIENCE

Who/Where did you coach?	Sport	Dates
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

PLAYING EXPERIENCE

	Sport	Dates
HIGH SCHOOL	_____	_____ to _____
	_____	_____ to _____
	_____	_____ to _____
COLLEGE	_____	_____ to _____
	_____	_____ to _____

OFFICIATING CERTIFICATIONS

Sport

Dates

_____ to _____
_____ to _____

CERTIFICATION INFORMATION

Are you now or have you ever been certified as a teacher in Wisconsin? Yes _____ No _____

Are you PACE or ASEP certified? Yes _____ (circle which one) No _____

When did you receive the certification? Date _____

Have you been approved by the W.I.A.A.? Yes _____ No _____

REFERENCES

Name _____ Phone # _____

Name _____ Phone # _____

Please indicate a person who could be contacted in case of an emergency.

Name _____ Phone # _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein.

Signature _____ Date _____

PER SCHOOL BOARD POLICY #831 (G): Effective August 22, 1990, all the buildings, grounds, vehicles and any and all facilities owned by the School District of Sheboygan Falls and all such buildings, grounds, vehicles and any and all facilities under the care, custody or control of the district shall be declared tobacco free.

The School District of Sheboygan Falls shall not discriminate on the basis of gender, race, national origin, ancestry, religion, age, sexual orientation, pregnancy, marital or parental status, or physical/mental/emotional/learning disability in its educational programs, activities or employment.

If you have any questions or concerns regarding this policy, please contact the Title IX Coordinator; District Office; School District of Sheboygan Falls, 220 Amherst Avenue; Sheboygan Falls, WI 53085 or call 920-467-7893.