



COACHING APPLICATION

Please return to: Personnel  
West Hancock CSD  
PO Box 278, 510 9<sup>th</sup> Ave. SW  
Britt, IA 50423

NAME(F,M,L) \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

Email \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

SPORTS WILLING TO COACH \_\_\_\_\_

Licensure information must be provided in writing on this application form. Please include a copy of your license or a statement describing your license status. Folder number \_\_\_\_\_

EDUCATION – College/University – High School

Name of School	Years Attended	Date Graduated	Major	Degree

COACHING EXPERIENCE

Coaching Assignment	Sport	Location	Total Years

PLAYING EXPERIENCE

School	Sport/Position	Recognitions/Honors	Years Played

EMPLOYMENT HISTORY – Current (last five years)

Employer/Location	Position/Description	Supervisor

REFERENCES (If possible, list at least one local reference)

Name	Telephone	Occupation	Association with Applicant

Please answer the following questions by circling yes or no. If any answers are yes, an explanation is required.

1. Are you listed on the sex offender registry? Yes No
2. Are you listed on the Department of Human Services child abuse registry? Yes No
3. Have you ever been convicted of a felony or misdemeanor (excluding minor traffic violations)? Yes No
4. Have you ever been terminated from a teaching or coaching position? Yes No

I understand that my employment with the District is based upon accurate and truthful information provided in this application and that false information will lead to dismissal.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**An Affirmative Action, Equal Opportunity Employer**

The West Hancock Community School District does not discriminate based on race, creed, color, sex, sexual orientation, gender identity, national origin, religion, age, marital status, or disability. Inquiries may be directed to the Superintendent, 510 9<sup>th</sup> Ave. SW, Britt, IA 50423-0278 641-843-3833

Note: Papers and photographs will not be returned. Applications will be kept on file for **one year**. If the applicant desires to renew his/her application after one year, **notification must be received by this office**.