



PHONE: (480) 659-3000 FAX: (480) 659-3043 E-MAIL: www.horizonclc.org
 An Equal Opportunity Employer

Coaching Application

| | | |
|---|-------------|----------------|
| <u>Date:</u> | | |
| <u>Coaching Position you are interested in:</u> | | |
| <hr/> <hr/> | | |
| Last Name | First Name | Middle Initial |
| | | |
| Social Security Number: _____ - ____ - ____ | | |
| Current Mailing Address: | | |
| Street: | | |
| City: | | |
| State & Zip: | Home Phone: | Contact Phone: |

Coaches are required to have:

1. Current DPS Fingerprint Clearance Card or proof of the application process
2. Completed application
3. Three letters of recommendation
4. Proof of immunization from measles/mumps/rubella
5. Proof of eligibility to work in the United States

EMPLOYMENT

| | | | |
|---|--------------------|---------------------|-------------------------------|
| Employer - Present or Last Position | Name of Supervisor | Title of Supervisor | From / To (years) |
| Street Address of Supervisor (City, State, Zip) | | | Current Phone # of Supervisor |
| Title of Your Position | Reason for Leaving | | Hourly Rate |

List Previous Work Experience (Most Recent First)

| | | | |
|---|--------------------|---------------------|-------------------------------|
| Employer - Position | Name of Supervisor | Title of Supervisor | From / To (years) |
| Street Address of Supervisor (City, State, Zip) | | | Current Phone # of Supervisor |
| Title of Your Position | Reason for Leaving | | Hourly Rate |

| | | | |
|---|--------------------|---------------------|-------------------------------|
| Employer - Position | Name of Supervisor | Title of Supervisor | From / To (years) |
| Street Address of Supervisor (City, State, Zip) | | | Current Phone # of Supervisor |
| Title of Your Position | Reason for Leaving | | Hourly Rate |

| | | | |
|---|--------------------|---------------------|-------------------------------|
| Employer - Position | Name of Supervisor | Title of Supervisor | From / To (years) |
| Street Address of Supervisor (City, State, Zip) | | | Current Phone # of Supervisor |
| Title of Your Position | Reason for Leaving | | Hourly Rate |

REFERENCES

List references who are familiar with your work habits, character and personality. **Do not include personal friends or relative.**

| Name | Business Name / Business Address | (Area Code)Telephone | Official Position |
|------|----------------------------------|-----------------------|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

EDUCATION

| School and Location | Dates Attended | Major / Minor | Degree / Diploma Hours Earned |
|--|----------------|---------------|-------------------------------|
| High School (Circle Highest Level) 9 10 11 12 | | | |
| College /Technical School | | | |
| Describe any additional training or certificates, awards, and/or certificates not listed above: _____ | | | |
| _____ | | | |
| Languages other than English (List) Speak: | | Write: | Read: |

COACHING EXPERIENCE

| Sport | School/Location | Dates | Official Position |
|----------|-----------------|-------|-------------------|
| Played: | | | |
| Coached: | | | |

Criminal History/Background

Our responsibility in protecting the interest of our students/staff/parents/community is taken seriously; therefore, the following information is required of all applicants. * A record of conviction does not prohibit employment: however, failure to complete this form truthfully, accurately, and completely may mean disqualification from consideration of employment or possible dismissal if employed, as well as possible prosecution for filing false information with a public agency. If you answer "yes" to any question below, you must attach a written explanation.

1. Have you ever been dismissed from a position? (Yes/No)_____
2. Have you ever used any other name for personal reasons or employment? (Yes/No)_____
List other names: _____

3. Have you ever had any license or certificate of any kind revoked or suspended, sanctioned or any charge or complaint now pending against you before any licensing, certification or other regulatory agency, public or private? Yes/No _____

If "yes" you must provide the dates of proceedings, name and address of the agency where proceedings took place, a statement of the accusations against you and the final disposition.

4. Have you ever been convicted * of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? (Yes / No) _____

(You must answer "yes" even if the event was later dismissed, deferred, vacated or expunged. Please attach a confidential letter of explanation including the date, the court, a statement of the accusation and the final disposition of the case (s).

5. Have you ever been convicted of a dangerous crime as defined in A.R.S. 13.604.01*? (Yes/No)_____

*Conviction means the final judgment or a verdict or a finding of guilty, a plea of nolo contendere, in any municipal, state or federal court of jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment, which has been expunged by pardon, reversed, set aside, or otherwise set aside, or rendered invalid.

**A.R.S. 13.604.01 requires applicants to give notice of any conviction of dangerous crimes against children. These crimes are defined as second degree murder, aggravated assault, sexual assault, molestation of a child, sexual conduct with a minor, commercial sexual exploitation of a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse if any of these crimes are conducted against a minor under age 15.*

I authorize the following: fingerprints, background check, drug test, investigation of all statements, including and employment contained herein and understand that any document relevant to this information may hereby be reviewed by Horizon Community Learning Center. Reference information, which becomes part of this record, will be regarded as confidential and will not be available to me now or at any future time. I authorize Horizon Community Learning Center to make reference checks prior to appointment and I will execute documentation to facilitate this investigation. I understand that my appointment is not finalized until the background investigation has been completed and the school has officially approved my appointment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal. Upon appointment, I will present documentation of my eligibility for lawful appointment in the United States. All other appointment paperwork must be submitted in accordance with the school's timelines.

Signature: _____

Date:_____

Thank you for your interest and application!