

ONTARIO LOCAL BOARD OF EDUCATION
 457 Shelby-Ontario Road
 Ontario, Ohio 44906
 www.ontarioschools.org

COACHING APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without
 discrimination because of race, creed, color, age, national origin or handicap.

PLEASE TYPE OR PRINT

Last Name, First, Middle Initial	Date
Current Address: (Street, City, State, Zip Code)	Telephone Number
ARE YOU A CERTIFICATED EMPLOYEE?	YES _____ NO _____

POSITION FOR CONSIDERATION

<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Football
<input type="checkbox"/> Golf	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Swimming
<input type="checkbox"/> Tennis	<input type="checkbox"/> Track	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Weight Room		

PLEASE ATTACH RESUME AND COPIES OF CERTIFICATIONS WITH THIS APPLICATION

EDUCATION

NAME AND LOCATION OF SCHOOL	FROM: ____/____/____ TO: ____/____/____	DID YOU GRADUATE YES ____ NO ____	SPECIFIC AREAS OF STUDY
NAME AND LOCATION OF SCHOOL	FROM: ____/____/____ TO: ____/____/____	DID YOU GRADUATE YES ____ NO ____	SPECIFIC AREAS OF STUDY
NAME AND LOCATION OF SCHOOL	FROM: ____/____/____ TO: ____/____/____	DID YOU GRADUATE YES ____ NO ____	SPECIFIC AREAS OF STUDY

CERTIFICATIONS

PLEASE CHECK THE FOLLOWING IN WHICH YOU ARE CERTIFIED

PUPIL ACTIVITY VALIDATION (SPORTS MED.)	EXPIRATION DATE:
CPR CERTIFICATION	EXPIRATION DATE:
LIFEGUARD CERTIFICATION	EXPIRATION DATE:
EMT/ NURSE/ MEDICAL DOCTOR	EXPIRATION DATE:

IF YOU ARE NOT CERTIFIED IN CPR OR SPORTS MEDICINE
YOU WILL BE REQUIRED TO TAKE A COURSE

ANSWER EACH QUESTION IN THE SPACE PROVIDED

What is your main interest in applying for this position?

What attributes or qualities do you possess that would contribute most to Ontario Schools?

EMPLOYMENT HISTORY

LIST IN CHRONOLOGICAL ORDER WITH LAST EMPLOYER FIRST

From: ___/___/___	Name and address of employer	Supervisor's Name	Phone Number	Reason for leaving	Position/Salary
To: ___/___/___					
From: ___/___/___	Name and address of employer	Supervisor's Name	Phone Number	Reason for leaving	Position/Salary
To: ___/___/___					

COACHING HISTORY

LIST IN CHRONOLOGICAL ORDER WITH LAST EMPLOYER FIRST

From: ___/___/___ To: ___/___/___	Name and address of place	A.D. Name	Phone Number	Reason for leaving	Position/Salary
From: ___/___/___ To: ___/___/___	Name and address of place	A.D. Name	Phone Number	Reason for leaving	Position/Salary

HAVE YOU EVER BEEN EMPLOYED BY A SCHOOL DISTRICT? _____

ARE YOU RETIRED FROM PERS, STRS, OR SERS? _____

PERSONAL REFERENCES

LIST PEOPLE NOT RELATED TO YOU AND WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR

Name	Address	Phone Number	Qualification as a Reference	Years Known
Name	Address	Phone Number	Qualification as a Reference	Years Known
Name	Address	Phone Number	Qualification as a Reference	Years Known

List any accommodations required for you to perform the essential job functions for the position you are applying:

* **YOUR APPLICATION WILL BE ACTIVE ONE YEAR FROM THE DATE OF RECEIPT. TO MAINTAIN ACTIVE STATUS AFTER ONE YEAR, SUBMIT AN UPDATED RESUME WITH A REQUEST TO RE-ACTIVATE YOUR APPLICATION.**

- * IF YOU HAVE ANY OTHER INFORMATION THAT YOU WOULD LIKE ADDED TO YOUR APPLICATION FOR OUR CONSIDERATION, PLEASE ATTACH IT TO THE APPLICATION.
- * ALL APPLICATIONS FOR EMPLOYMENT ARE SUBJECT TO A CRIMINAL RECORDS CHECK THROUGH THE BUREAU OF CRIMINAL IDENTIFICATION AND INVESTIGATION PURSUANT TO THE AUTHORITY OF SECTION 3319.32 AND SECTION 109.57. REVISED CODE.
- * Due to the length of time required for completion of the records check, it may occasionally be necessary to employ a person prior to the Board of Education having received the results of the criminal records investigation. In these cases, the Board of Education shall rely on the applicant information provided in the employment application. However, by signing this document, I specifically agree that if I am employed by the Board of Education prior to its receipt of a response from B.C.I., my employment shall be contingent upon subsequent receipt by the Board of Education of a report from B.C.I. which is consistent with my answer to the above question. In the event I have been employed prior to the Board of Education having received a report from B.C.I., and a subsequent report from B.C.I. is received which is not consistent with my answer to the above question, I specifically agree that the action of the Board of Education employing me shall be void without any further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

Date: _____ Signed: _____

- * The information provided on this application is accurate. I understand that falsification of any information requested may result in my immediate termination.

Date: _____ Signed: _____

REQUIREMENTS NEEDED IF HIRED:

CPR & FIRST AID CERTIFICATE

PUPIL ACTIVITY PERMIT

DRIVERS LICENSE

SOCIAL SECURITY CARD

B.C.I. & FBI RECORDS INVESTIGATION

CONCUSSION CERTIFICATION

FUNDAMENTALS OF COACHING (*ONLINE CLASS*)

SUDDEN CARDIAC ARREST CERTIFICATE