



Dolores School District RE-4A

Home of the Bears

EQUAL OPPORTUNITY EMPLOYER

Coaching Application

P.O. Box 727 / 100 N. 6th St., Dolores, CO 81323 • Phone (970) 882-7255 • Fax (970) 882-7685 • www.dolores.k12.co.us

APPLICANT INFORMATION

Date of Application: _____

Position Applying for _____ School: _____

Name: _____

Last

First

Middle

Mailing Address _____

Street (or P.O. Box)

City

State

Zip

Home phone () _____ Work phone () _____ Cell Phone () _____

Email address: _____

For Background Check purposes: Date of Birth _____ Social Security number _____ - _____ - _____

EDUCATION YOU MAY NOT SUBSTITUTE A RESUME for the completion of this section. Please use additional paper if necessary.

Name of School	Course of Study	Years Attended	Graduated : Yes or No
High School		9 10 11 12	
College or University		1 2 3 4	
Correspondence, Business or Trade School			
Other			

- ___ No ___ Yes 1. Have you ever been convicted of / charged with a violation of law other than a misdemeanor traffic violation?
- ___ No ___ Yes 2. Have you ever been convicted of, pled guilty to, pled no contest to, or received a deferred sentence for a crime
involving unlawful sexual behavior or other unlawful behavior toward a child?
- ___ No ___ Yes 1. Have you ever been asked to resign from any position?

Dolores School Re-4A does not discriminate on the basis of race, color, sex, religion, national origin, ancestry, creed, age, marital status, sexual orientation, genetic information, disability, or need for special education services in admission or access to, or treatment of employment in its educational programs or activities

SPORTS COACHING EXPERIENCE -**School****Sport Level****Years**

List any paid or non-paid experiences in sports, recreation, and physical activities:

Do you have a valid first aid certification / CPR?**Date** _____**Are you CHSSA certified?****Date** _____

REFERENCES These should be persons qualified to give an honest appraisal of your character and/or job performance. If possible, please include supervisors.

Name	Position	Location	Current cell /phone number / e-mail address

I understand that I will need to be fingerprinted as I apply for certification in the State of Colorado. I hereby authorize an investigation and release of information concerning my past employment, activities and statements contained in this application. I waive my right of access to any such information and release from all liability and responsibility of all persons, companies or corporations supplying or receiving such information. I certify that all answers and statements contained herein are true, correct and complete and further, it is my understanding that any false statements or omissions made by me on this application or any supplement thereto, shall be grounds for failure to employ or dismissal should I be employed.

Signature of applicant _____ **Date** _____

Note: Applications are kept on file for two years.

Mail your complete application to: District Secretary, Dolores School District RE-4A, P.O. Box 727, Dolores, CO 81323
or scan and email to: District Secretary at: hr@dolores.k12.co.us