

**HARTLEY-MELVIN-SANBORN COMMUNITY SCHOOL DISTRICT  
APPLICATION FOR EMPLOYMENT  
COACHING POSITION**

DATE: \_\_\_\_\_

- \* All applicants must complete this form.
- \* Mail all materials to:           Mr. Patrick Carlin, Superintendent  
  Hartley-Melvin-Sanborn Community School  
  300 N 8<sup>th</sup> Ave. W  
  Hartley, IA 51346
- \* Information on this application pertaining to name, address, employment, experience and education is a matter of public record and open to the public.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**POSITION, OR POSITIONS, FOR WHICH YOU ARE APPLYING (List in order of preference)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**HIGH SCHOOLS AND COLLEGES ATTENDED**

Name of School, City and State	Dates Attended	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COACHING EXPERIENCE (List most recent first)**

Position	District	City, State	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**NAMES AND PHONE NUMBERS OF REFERENCES** (List three)

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**QUESTIONS**

- a. Are you on the sex offender registry? Yes No
- b. Are you on the Department of Human Services child abuse registry? Yes No
- c. Have you ever been convicted of a felony or misdemeanor? (Excluding traffic violations) Yes No
- If yes, please provide date, incident, city/state of charge: \_\_\_\_\_

\_\_\_\_\_  
\*Please Note: Responding "Yes" to any of the previous questions is not an automatic bar to employment. The date of the offense and the relationship between the offense and the position for which you are applying will be considered.

- d. Are you able to perform, with or without reasonable accommodation, the essential job functions required of this position? Yes No
- If no, explain: \_\_\_\_\_

**MILITARY RECORD** --- Did you serve or are you currently serving in the U.S. Military? Yes No

If yes, answer the following:

- a. Dates of Service: From \_\_\_\_\_ to \_\_\_\_\_
- b. Discharge Status: Honorable \_\_\_\_\_ Other \_\_\_\_\_
- c. Times of Current Training Duty: \_\_\_\_\_

**CERTIFICATION**

Do you hold a valid certificate to serve as a coach in Iowa? Yes \_\_\_\_\_ No \_\_\_\_\_

*I hereby certify that the information given by me in making this application is correct and true.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date