

Coaching Application

Round Valley Unified School District No. 10
P.O. Box 610 - 940B East Maricopa Street
Springerville, Arizona 85938

Phone: (928) 333-6580 Fax: (928) 333-2823 Website: www.elks.net

NOTICE TO APPLICANT:

Round Valley Unified School District No. 10 does not discriminate on the basis of race, color, religion, national origin, gender, marital status, age, or disability in admission or access to, or treatment or employment in, its educational programs or activities.

This application will be considered complete only when the District is in receipt of the following:

- Completed application form
- Letter of recommendation (3)
- Letter of application / resume
- Criminal history affidavit

1. PERSONAL:

Name _____
Last First Middle Social Security Number

Address _____
Number/Street City State / Zip Current Phone Perm. Phone

2. DO YOU HAVE A VALID ARIZONA TEACHING CERTIFICATE? YES NO

If "yes", please list Arizona Certificates held, including endorsements:

3. COACHING POSITION(S) DESIRED:

1st choice _____

2nd choice _____

3rd choice _____

4. PLEASE LIST PREVIOUS COACHING EXPERIENCE * (Attach additional sheet if necessary):

Sport / Activity	When	Where (Name, Address, Phone #)	Win/Loss Record	Supervisor

* "See Resume" is not sufficient response.

5. PLEASE LIST PREVIOUS PLAYING EXPERIENCE (Attach additional sheets if necessary): *

Sport / Activity	When	What Level (High School, College, Other)

6. Please list extra curricular activities you are qualified for and willing to sponsor:

a. _____ b. _____ c. _____

7. OTHER EMPLOYMENT (Non-Coaching): *

Complete Name, Address, Phone # of Company	Your Position	Dates Mo. / Yr.	Supervisor

May we contact references, both listed and otherwise, upon receipt of application?

Yes () No ()

8. RECRUITMENT SOURCE:

Please indicate the publication or other source where you obtained information regarding this position notice so we can determine the effectiveness of various recruitment efforts. _____

All information provided in this application is true and correct, and I understand that, if employed, false statements shall be considered sufficient cause for dismissal. I authorize the verification of this information and the release of grade transcripts and additional information pertinent to my employment from the sources identified in this application. I also agree that, should I become a finalist for a position within this District, I will provide an official fingerprinting for a background check through the Arizona Department of Education.

Signature of Applicant

Date

CRIMINAL HISTORY AFFIDAVIT

Name (please print)

Position applied for

Social Security Number

I do hereby certify that I have never been convicted of, or admitted in open court or pursuant to a plea agreement committing, and am not now awaiting trial for committing any of the following criminal offenses in the State of Arizona or similar offenses in any other jurisdiction:

- | | |
|---|---|
| <ul style="list-style-type: none">• Sexual abuse of a minor• Incest• First or second degree murder• Kidnapping• Arson• Sexual assault• Sexual exploitation of a minor• Felony offenses involving contributing to the delinquency of a minor• Commercial sexual exploitation of a minor• Felony offenses involving sale, distribution or transport of, offer to sell, transport or distribute marijuana or dangerous narcotic drugs• Felony offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs. | <ul style="list-style-type: none">• Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs• Burglary in the first degree• Burglary in the second or third degree• Aggravated or armed robbery• Robbery• A dangerous crime against children as defined in A.R.S. § 13-604.01• Child abuse• Sexual conduct with a minor• Molestation of a child• Aggravated assault• Assault• Exploitation of minors involving drug offenses |
|---|---|

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I UNDERSTAND THAT SUBMITTING INFORMATION INCONSISTENT WITH THAT RECEIVED FROM THE FINGERPRINT CHECK MAY RESULT IN TERMINATION.

Signature

Date

PROFESSIONAL STAFF HIRING

CONSENT TO CONDUCT BACKGROUND INVESTIGATION AND RELEASE

I, _____, have applied for employment with the Round Valley Unified School District to work
(print applicant name)

as a _____ I understand that in order for the School District to determine my eligibility,
(job title)

qualifications, and suitability for employment, the School District will conduct a background investigation to determine if I am to be considered for an offer of employment. This investigation may include asking my current employer, any former employer, and any educational institution I have attended about my education, training, experience, qualifications, job performance, professional conduct and evaluations, as well as confirming my dates of employment or enrollment, position(s) held, reason(s) for leaving employment, whether I could be rehired, reasons for not rehiring (if applicable) and similar information.

I hereby give my consent for any employer or educational institution to release any information requested in connection with this background investigation.

According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any educational institution.

In light of the preceding paragraph, I waive ___ / do not waive ___ my right to see any written reference or other information
(initial only one)

provided to the School District by any educational institution.

According to Arizona Revised Statutes Section 23-1361, any employer that provides a written communication to the School District regarding my current or past employment must send me a copy at my last known address. I acknowledge that some employers are unwilling to provide factual written references concerning a current or past employee unless they may do so confidentially, without revealing the references to the employee, and that the School District will not further consider my application if it cannot complete its background investigation.

In light of the preceding paragraph, I waive ___ / do not waive ___ my right to receive a copy of any written communication
(initial only one)

furnished to the School District by any employer.

Whether or not I have waived my right to see or receive copies of written references furnished to the School District by employers or educational institutions, I release, hold harmless, and agree not to sue or file any claim of any kind against any current or former employer or educational institution, and any officer or employee of either, that in good faith furnishes written or oral references requested by this School District to complete its background investigation.

A photocopy or facsimile ("fax") copy of this form that shows my signature shall be as valid as an original.

DATED this _____ day of _____, 2007

Witness

Applicant