

PHILIPSBURG SCHOOL DISTRICT
COACH SUPPLEMENTARY APPLICATION INSERT

NAME: _____
 Last First Middle

ADDRESS: _____
 Street City State Zip

PHONE: (Home) _____ (Cell) _____

Do you have a current Teacher's Application on file with our District? YES NO

What subjects are you certified to teach in Montana? 1. _____
2. _____ 3. _____ 4. _____

Present Position or Occupation? _____

Athletic activities you participated in while in High School: _____
Years: _____
Years: _____
Years: _____
Years: _____

Specific events you participated in: _____

Athletic activities you participated in while in College: _____
Years: _____
Years: _____
Years: _____
Years: _____

Specific events you participated in: _____

TEACHING/COACHING EXPERIENCE

School/City	Subjects Taught	Sports and/or Events Coached	Inclusive Dates (mo/yr)
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

Which activities do you prefer to coach? _____

Are you certified in First Aid? Yes No Expiration Date: _____

Are you certified in CPR? Yes No Expiration Date: _____

What training have you had in the care and prevention of injuries? _____

Date(s) of training: _____

Are you available to coach after school from approximately 3 p.m. on? _____

Are you available to coach on Saturdays? _____

What personal skills and abilities do you have working with K-12 student athletes? _____

What coaching clinics, seminars or workshops have you attended or instructed? _____

What education classes have you taken to help you become a more successful coach? _____

Please write your philosophy of coaching (attach additional pages as necessary):

Please list three (3) coaching or playing references:

- | | | | |
|----|-------|---------|-------|
| 1. | _____ | _____ | _____ |
| | Name | Address | Phone |
| 2. | _____ | _____ | _____ |
| | Name | Address | Phone |
| 3. | _____ | _____ | _____ |
| | Name | Address | Phone |

Federal law requires proof of citizenship or alien right to work status. Proof must be provided within three (3) working days from the date of hire. You also must provide proof of a negative tuberculin skin test within the past year before you commence employment with the school district.

I have read and understand all portions of this supplement and have answered all questions completely and truthfully.

Signature: _____

Date: _____