

Dayton School District #8
COACHING EMPLOYMENT APPLICATION
 An Equal Opportunity and Affirmative Action Employer

Complete each question fully and accurately. Incomplete applications may not be considered.
 A resume cannot be substituted but may be included.

PERSONAL IDENTIFICATION:

Name _____
(Last) (First) (MI)

Mailing Address _____
(Street or PO Box) (City) (State) (Zip Code)

Permanent Address _____
(Street) (City) (State) (Zip Code)

Phone _____ Phone _____

Email Address _____ Social Security Number _____

Date of Application _____ Date of Availability _____

<p>Position Applied For</p> <p>Position Title: _____</p> <p>School: _____</p>
--

EDUCATION:

Last grade completed for K-12: _____ Years of college completed: _____

Starting with high school, list schools attended. Enter dates as MM/YYYY (example 01/1999):

School Name	Location	Dates Attended		Degree	Course of Study	Number of College Credits
		From	To			

List any school course, training, licenses, certification, or other qualifications which relate to your suitability for this position:

Are you a "Veteran" as defined under Oregon law (ORS 408.225(e))? Yes No
 Are you a "Disabled Veteran" as defined under Oregon law (ORS 408.225(c))? Yes No

Are you fluent in speaking, writing, and reading English? Yes No
 Other than English, list languages you speak fluently: _____

List languages other than English that you can read and write: _____

Do you possess a current first aid card? Yes No If yes, expiration date: _____

Have you been fingerprinted for another school district, and have not resided outside the state during the interval between the two periods of time working in the district? Yes No If yes, where and when: _____

Employment History:

Give a complete account of your employment for the past ten years, even if you attach a resume. List your work experience with the most recent first. Include military and volunteer experience. Attach an additional sheet if necessary.

Are you presently employed? Yes No If no, please explain: _____

♦Employer _____ Work Phone Number _____

Immediate Supervisor and Title _____

Address _____

Your Job Title _____ Type of Business _____

Description of Job Duties _____

Number of Years _____ From (month/year) _____ To (month/year) _____

Reason for leaving _____

May we contact employer for references? Yes No

♦Employer _____ Work Phone Number _____

Immediate Supervisor and Title _____

Address _____

Your Job Title _____ Type of Business _____

Description of Job Duties _____

Number of Years _____ From (month/year) _____ To (month/year) _____

Reason for leaving _____

May we contact employer for references? Yes No

♦Employer _____ Work Phone Number _____

Immediate Supervisor and Title _____

Address _____

Your Job Title _____ Type of Business _____

Description of Job Duties _____

Number of Years _____ From (month/year) _____ To (month/year) _____

Reason for leaving _____

May we contact employer for references? Yes No

Additional References (other than relatives and those listed under the Employment History Section):

Name	Address	Phone Number	Title	Relationship

Please check the training and/or skills below that you have completed: Received Training (TR) and/or Experience (EXP)

TR	EXP	Skills or Training
		Coaches Education Course as required by the OSAA
		Anabolic Steroids and Performance Enhancing Drugs Training
		Van Driving Certificate
		Valid First Aid card
		Concussion Management certificate

Please provide any additional comments you wish to make concerning your qualifications:

Federal Regulation

The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to, and verified by, employers at the time of hire.

Are you authorized to work in the United States? Yes No

Personal Information

- A. Have you **EVER** been convicted of a sex-related crime? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
If yes, did the crime involve force or minors? Yes No
- B. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
- C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
- D. Have you **EVER** been convicted of any other crime except a minor traffic violation? (Includes Traffic Crimes) Yes No
- E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? Yes No
- F. Have you been convicted or been granted a diversion or conditional discharge by any court for any: (a) Felony; or (b) Misdemeanor; or (c) Major traffic violation including but not limited to: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?
 Yes No

If yes to any question above, please indicate charge and/or disposition: _____

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodations? Yes No

Applicant's Statement

I hereby certify that this application contains no misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that if employed, false statements on this application shall be considered sufficient cause for immediate dismissal. I understand that criminal history records checks and fingerprinting are required by law (ORS 326.603, ORS181.539) and by Board policy (GBEC).

Applicant Signature _____ Date _____

Note: Final employment is subject to criminal record clearance through fingerprinting/criminal background check, and subject to the successful passage of a district-required drug test, Board policy (GBED).

Please submit this application and completed supplemental forms, if required, to:

**Dayton School District #8
780 Ferry Street
PO Box 219
Dayton, OR 97114-0219**

Thank you for your interest in employment with the Dayton School District.

Equal Opportunity

Dayton School District #8 does not discriminate on the basis of race, color, national origin, sex, religion, age or disability. Dayton School District #8 is an Equal Opportunity and Affirmative Action Employer committed to workforce diversity and compliance with the Americans With Disabilities Act.

Drug-Free Workplace

The district is committed to maintain a drug-free workplace and strictly complies with the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act amendments of 1989.

Affirmative Action Information

Date: _____

It is the policy of the Dayton School District Board of Education and School District that there will be no discrimination or harassment on the grounds of race, color, sex, marital status, religion, national origin, age or disability in any educational programs, activities or employment.

This information is used only for our affirmative action plan and will not be used to discriminate against you. The information will not adversely affect your opportunities for employment.

The requested information on this form is voluntary on the part of the applicant. This form is physically separated from your other application materials.

Position applied for: _____

Date of Birth: _____

Gender: Female Male

Disability: No Yes (Please specify): _____

Question #1 (required): ETHNICITY — Am I Hispanic or Latino? Yes No

All persons of Latino, Hispanic or Spanish origin (descended from a Central or South American, Mexican, Cuban, Puerto Rican, Dominican, or other Spanish-speaking country of origin, regardless of race or original language) should answer "Yes." All persons answering "Yes" to this first question will be recorded as Hispanic/Latino. Continue to Question #2.

Question #2 (required): RACE — Please mark all that apply.

You must mark at least one category. Those who choose more than one category will be reported as multiracial only.

➤ **American Indian or Alaska Native:**

- U.S.** *A person having origins in any of the indigenous peoples of the continental U.S. or Alaska. Tribal affiliation, if known: _____*
- Latin America and Canada** *A person having origins in any of the indigenous peoples of Canada, Mexico, Central America, South America, or the Caribbean.*
- Asian** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*
- Black or African American** *A person having origins in any of the original peoples of the Black racial groups of Africa.*
- Native Hawaiian or Other Pacific Islander** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.*
- White** *A person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

Applicant Printed Name _____

Applicant Signature _____ Date _____