



LINCOLN UNIFIED SCHOOL DISTRICT

APPLICATION FOR TEMPORARY COACHING POSITION

2010 West Swain Road
Stockton, CA 95207-4055
(209) 953-8732 Fax (209) 952-6948

Position Applying For:

Applicant's Full Name _____
Last First M.I.

Address _____
Street City State Zip

Phone Numbers _____
Home Work Cell

EDUCATIONAL BACKGROUND

Name of College or University	Degree	Major	Minor	Graduation Date

LIST ALL EXPERIENCE IN EDUCATION OR COACHING

Name of School/Team	District / State	Position Held	Dates (from / to)	Supervisor/Phone #

LIST ALL OTHER JOBS HELD (within last 5 years)

Employer	Type of Work	City	State	Dates (from / to)	Phone #

STATUS OF REQUIRED COMPETENCIES

1. FIRST AID AND EMERGENCY PROCEDURES AS EVIDENCED BY:

___ *Valid First Aid Card* (attach copy) Expiration: _____ or,
course will be completed on: _____

AND

___ *CPR Card* (attach copy) Expiration: _____ or,
course will be completed on: _____

AND

___ *Hazard Communication & Illness and Injury Prevention Workshop:*
workshop will be completed on: _____

2. COACHING THEORY AND TECHNIQUE AS EVIDENCED BY:

___ *Prior service* as an athletic coach or assistant athletic coach in the sport to be coached.
Name of supervisor: _____
Address: _____
Phone: _____ Year: _____
Describe Experience: _____

OR

___ *Work in community athletic programs* in the sport to be coached.
Program: _____
Address: _____
Phone: _____ Year: _____
Describe Experience: _____

OR

___ *Completion of inservice programs* arranged by a school district or a county office
of education.
Program: _____
Address: _____
Phone: _____ Year: _____
Describe Experience: _____

OR

___ *Completion of college level course* in coaching theory and techniques.
College: _____
Course Title: _____
Instructor: _____ Year: _____

OR

___ *Participation in organized competitive athletics* at high school or above in the sport to be coached.
School: _____
Organization: _____
Year: _____
Describe experience: _____

3. ADOLESCENT PSYCHOLOGY AS IT RELATES TO PARTICIPATION IN SPORTS, EVIDENCED BY:

___ *Completion of a college-level course* in adolescent (child) psychology.
College: _____
Course Title: _____
Year: _____

OR

___ *Completion of seminar or workshop* on Human Growth and Development of Youth.
Seminar Title: _____
Presenter: _____
Year: _____

OR

___ *Prior active involvement* with youth in school/community sports program.
Name of Program: _____
Activity: _____ Year: _____
Describe Experience: _____

BACKGROUND INFORMATION

1. Have you ever been dismissed, resigned from, or otherwise left school employment because of allegations of misconduct? Yes No
2. Have you ever been convicted, including a conviction based on a plea of no contest, of any felony or misdemeanor in California or any other place? Yes No

- 3. Have you ever been or are you currently the subject of any inquiry or investigation by any licensing agency or law enforcement agency? Yes No
- 4. Are any criminal charges currently pending against you? Yes No
- 5. Is any disciplinary action now pending against you in any school district? Yes No
- 6. If you hold teaching credentials, have any of your credentials ever been suspended or revoked? Yes No
- 7. If you hold teaching credentials, is your credential currently under review or is a review pending by an agency that has the power to suspend or revoke your credential? Yes No

If you answered “yes” to any of questions 1 through 7, please explain on a separate sheet of paper. A “yes” response may not necessarily disqualify you from employment.

Do you have any relatives **currently** working for Lincoln Unified School District? Yes No
 If so, please provide their names. _____

TO COMPLETE YOUR APPLICATION, PLEASE INCLUDE A LETTER OF INTRODUCTION.

My signature below authorizes the Lincoln Unified School District to conduct a background check and authorizes release of information in connection with my application or employment. My signature also certifies that all of the information provided on this application is an accurate, complete, and correct statement of my personal and professional history. I understand and agree that any misrepresentation of information on this application will be sufficient cause for my dismissal.

The signed application authorizes my current and past employers to release confidential personnel information and records to the Lincoln Unified School District. I hereby release my current and past employers and representatives from all liability in connection with the release of confidential personnel information and records to the Lincoln Unified School District. I understand that the Lincoln Unified School District may provide a copy of this page of my application to my current and past employers.

Signature of Applicant _____ **Date** _____

MAIL TO:
Michele Tatum
Associate Superintendent—Human Resources
Lincoln Unified School District
2010 West Swain Road
Stockton, CA 95207 - 4055

It is the policy of the Lincoln Unified School District not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age, or mental or physical disability in the educational programs or activities which it operates. Lincoln Unified School District is an equal opportunity employer. The district actively seeks applications from both sexes, ethnic minorities, and the disabled.