

CADDO PARISH PUBLIC SCHOOLS
APPLICATION FOR HIGH SCHOOL NON - FACULTY COACHING POSITION

PRINCIPAL SIGNATURE

Caddo Parish Public Schools is an Equal Opportunity Employer. Applicants are considered on the basis of qualifications without regard to race, color, national origin, religion, age, sex or handicapping condition.

Name: Last First Middle SS#

Address: Tel. No.(H) Tel. No.(W)

Email Address: Cell No.

Race: Sex: Date of Birth: State Retiree yes no

Highest Level of Education Obtained (HS Diploma, GED, Bachelor, etc.) Date Obtained

SCHOOL: SPORT: EFFECTIVE DATE:

Non-Faculty Compensation Status: Paid by CPSB \* Paid by Booster Club Volunteer

\*If Booster Club: Amount \$ Effective Date Contract Attached yes no

Has completed the LHSAA Certification Program for Coaches (Attach copy of Certificate)
Has completed the ANNUAL Concussion online training (Attach copy of Certificate)

Have you ever been convicted of a felony? \*Yes No

\*If yes, please attach a confidential statement addressed to the Director of Certified Personnel.

Louisiana law requires a criminal/civil history records check for employees who supervise children. An applicant will be required to be fingerprinted and sign an Authorization to Disclose Criminal/Civil History Record Information form. Absence of criminal record does not guarantee employment by Caddo Parish Schools.

Coaching Experience:

Table with 5 columns: From, To, Place, Position, Supervisor

References (please include complete addresses and phone numbers):

Name Address Tel. No. (repeated for two references)

Name Address Tel. No. (for applicant)

FOR OFFICE USE ONLY: Attachments sent: References completed: Signed by Principal: Fingerprints scheduled: Forwarded to Personnel:

I certify that the information in this application is true and complete. I also certify that I can perform the duties and responsibilities inherent in this position with or without accommodations. I understand that furnishing false information or omitting information from this application could disqualify me from consideration for employment or could lead to discharge from employment. You are hereby authorized to make any investigation of my personal and employment history.

Signature of APPLICANT

DATE