

KIEL AREA SCHOOL DISTRICT

APPLICATION FOR CO-CURRICULAR PROGRAMS

Completion of all items required. Please print clearly

Name _____

Address _____

Telephone Number _____ Work # _____

AVAILABILITY

When are you available _____

Please list below any restrictions or conditions of your availability as a coach/advisor:

Coach/Advisor Assignment(s) applying for _____

Have you ever been employed by the district? _____

If so, when? _____

EDUCATIONAL PREPARATION

High School _____ City _____

Graduation Date _____

College/University _____

Location _____

Graduation Date _____ Major/Minor _____

Other, i.e., courses in First Aid, CPR, emergency, etc. _____

List any High School Coaching and/or Club Advisor Experience _____

PLEASE PROVIDE 3 REFERENCES

NAME

PHONE NUMBER

Please list previous addresses you have lived at during the past five years: _____

Have you ever been convicted of any misdemeanor or felony, or convicted of violating any other law including ordinances and traffic regulations? Yes____ No ____ If yes, please explain below and if necessary attach a separate sheet listing any and all violations and the investigating agency:_____

Are there any charges of any kind pending against you? Yes____ No ____ If yes, please explain below and if necessary attach a separate sheet listing any and all violations and the investigating agency:_____

Applicant Agreement – Authorization to release information:

I certify that the answers contained in this application are true and complete to the best of my knowledge. My signature on this form authorizes the Kiel Area School District to act as my agent in obtaining information from any person or company concerning myself, without liability to such person or company, or to the Kiel Area School District. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that this application is not intended to be a contract of employment.

I also understand that the Kiel Area School District will complete a background check on all applicants including a criminal records check through the Wisconsin Crime Information Bureau and that the school district will review the background check results before I am selected for a position. My signature on this form indicates that I consent to the School District conducting a background check. I am also aware that information regarding my date of birth, social security number, middle initial, sex, race and maiden name is required solely for the purpose of confirming my identity for the background check and the WI Crime Information Bureau. My social security number will not be used for any purpose other than identification and will be considered confidential.

Date of Birth_____ Sex_____ Race_____ Middle Name_____
Maiden Name_____ Social Security Number_____

Signature of Applicant

Date