

PAID COACHES (HIGH SCHOOL VARSITY/JV)

PROCESS STARTS AT YOUR SCHOOL SITE

1. Fill out coach application
2. Attach copy of clear TB test and your driver's license
3. Athletic Director or Principal must sign application
4. Turn the package into your Site office when complete



Human Resources will call you to set up fingerprinting, and a hire appointment



Provide a copy of current 1st Aide/CPR certificates



If you want to drive for the team, fill out the Transportation driver form (available on the District web site).

The Athletic Directors & School Principals are responsible for ensuring the coaches on the field are cleared. To be cleared all coaches must have the following on file in the HR office:

- ✓ Application (new application required every year)
- ✓ Fingerprints
- ✓ Clear TB
- ✓ 1st Aide / CPR

COACHING APPLICATION

Site, Title and Job # of Position you are applying for:

(Job # is listed on the job flyer)

A. Personal Information

| | | | |
|--|--------|--------------------|----------------------------|
| Last Name: | | Date: | |
| First Name: | MI: | Social Security #: | |
| Address: | | | |
| City: | State: | Zip: | Home Telephone Number: |
| Have you been employed with us before? No <input type="checkbox"/> Yes <input type="checkbox"/> If, yes, when and in what capacity? | | | Work or Message Telephone: |

B. Education

| | Name & Address | Graduate? (yes or no) | # of Semester Units Completed |
|------------------------------|----------------|--------------------------|-------------------------------------|
| High School | | | |
| College/ University | | | |
| Trade / Business Schools: | | | |

C. Coaching Experience

Please list qualifications and skills you possess for the position(s) you are applying for: (such as typing, operating machinery, etc.)

| |
|--|
| |
| |

E. References:

Please list three references, that we may contact, who have first hand knowledge of your work. Do not list persons related to you.

| Name /Title | Company Name/Address | Telephone |
|-------------|----------------------|-----------|
| | | |
| | | |
| | | |

F. Employment Experience (List Most Recent Positions First)

| From | To | Position | Employer/Company | Supervisor | Supervisor Telephone # | Reason for Leaving |
|------|----|----------|------------------|------------|------------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

G. Other

| | | |
|---|--------------------------------|-----------------------------|
| 1. Have you resigned from or otherwise left public or private employment to avoid investigation for alleged misconduct and/or dismissal in California or any other state or place? | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 2. Have you ever been convicted for a drug/sex offense? | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 3. Have you ever been convicted, pled guilty to or pled no contest to any criminal offense in court? If yes, please note on a separate page all of the following information: (1) date and place of each offense, (2) each specific charge, (3) date and place of each conviction or plea, fine and/or sentence received or diversion program entered, (4) sentence received for each offense, and (5) any other relevant information. NOTE: Applicants must report convictions that have been dismissed and/or expunged under Penal Code section 1203.4 or a similar provision of law. You may omit any minor traffic offense for which the only punishment imposed was a fine of less than \$100.00. A minor traffic offense does <u>not</u> include driving under the influence or reckless driving, both of which must be reported on this application. A criminal record is not necessarily a bar to employment. Each case is given individual consideration based on job-related criteria and applicable laws. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 4. Currently, are you out on bail, released on your own recognizance (O.R.), or are any charges or legal actions pending against you? If yes, please note on a separate page all of the following information: (1) date and place of each offense, (2) each specific charge, (3) date, place, and terms of your release, (4) date and place of each upcoming proceeding, and (5) any other relevant information. | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 5. Are any relatives currently employed by this school district? (list name and position) | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 6. Are you able, with or without reasonable accommodation, to perform the essential functions of the employment position(s) for which you are applying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Can you, upon offer of employment, submit verification of your legal right to work in the United States? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| *If "Yes" on any of questions 1- 5 above, please explain fully on a separate piece of paper and attach to this form. | | |

H. Disclosure, Authorization and Release

Please Read Carefully, Initial Each Paragraph and Sign Below

CERTIFICATION: I hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my disqualification from the examination process or dismissal from employment with the Amador County Office of Education/Amador County Unified School District (hereinafter "Amador"). _____ (Applicant's initials)

Initial both places

I authorize Amador to investigate my references, work record, education, or any other matters relating to my suitability for employment. I authorize and direct my former or current employers and education institutions to release to Amador any information they may have concerning my employment or education. I authorize Amador to obtain and review any documents or records, including driving records, which are applicable to my employment. I release the parties above from any and all liability related to this process of supplying or gathering any information about my suitability for employment. _____ (Applicant's initials)

Today's Date:

Applicant's Signature:

Unsigned or incomplete applications will not be considered for any positions.

AMADOR COUNTY IMMUNIZATION & TB SKIN TESTING CLINIC SCHEDULE

| WHERE | WHEN |
|---|--|
| <p>Amador County Public Health</p> <p>10877 Conductor Blvd. Suite 400 Sutter Creek, CA 95685</p> | <p>Monthly: 1st and 3rd Tuesdays 2:00 PM TO 4:45 PM</p> <p>NO CLINICS on HOLIDAYS</p> |

- Children's Immunization Fee: \$10.00 per child per visit
- TB Skin Testing (or work clearance): \$20.00
Readings are done Friday from 8:15 – 8:45 am or 4:15 – 4:45 pm.
- Adult Vaccines Available (19 years and older):
 - Tdap – tetanus/pertussis booster - \$25.00
 - Hepatitis A – series of two - \$50.00 per dose
 - Hepatitis B – series of three - \$55.00 per dose
 - Combination Hep A/Hep B – series of three - \$75.00 per dose
 - MMR for those eligible – \$25.00 per recommended dose

If you have any questions please call 223-6407