

# PAID COACHES

## (Junior High & High School)

### PROCESS STARTS AT YOUR SCHOOL SITE

1. Complete Paid Coach Application & Assumption of Risk Form
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 1<sup>st</sup> 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 & Assumption of Risk Form
- ✓ Fingerprints
- ✓ Clear TB
- ✓ 1<sup>st</sup> Aide / CPR

## PAID COACHING APPLICATION

**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:    | Email Address: |                            |
| Address:   |        |                |                            |
| City:  | State: | Zip:           | Home Telephone Number:     |
| Have you been employed with us before?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> If, yes, when and in what capacity? |        |                | Work or Message Telephone: |

**B. Education**

|                              | Name & Address | Graduate?<br>(yes or no) | # of Semester<br>Units<br>Completed |
|------------------------------|----------------|--------------------------|-------------------------------------|
| High School                  |                |                          |                                     |
| College/ University          |                |                          |                                     |
| Trade / Business<br>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. <b>NOTE:</b> 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.**  
**Please attach 1<sup>st</sup> Aid & CPR Certificate, Current TB and copy of driver license.**

AMADOR COUNTY UNIFIED SCHOOL DISTRICT

PARTICIPATION AS A DISTRICT VOLUNTEER
ASSUMPTION OF RISK - VACCINATION VERIFICATION-
MEDICAL TREATMENT AUTHORIZATION

Name of Volunteer: \_\_\_\_\_

Destination: \_\_\_\_\_
(Please be specific)

Purpose of Your Attendance: (Class helper, etc.) \_\_\_\_\_

DISTRICT USE-VERIFY VACCINATION CARD:
COVID-19 Vaccination Information:

Date Dose 1: \_\_\_\_\_ Date Dose 2: \_\_\_\_\_ Initial District Employee: \_\_\_\_\_

By my signature below, I acknowledge that the activity is voluntary and verification of vaccination status for COVID -19 is required to participate. I further acknowledge this activity could lead to illness, and/or injury or death and I assume such risks. As provided in the California Education Code, Section 35330, I further agree to hold the School District (District), its Board, officers, employees and agents harmless and waive any and all claims against the District arising out of or in connection with my participation in this field trip.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

(School District) has advised me that there are certain risks associated with the potential exposure to the novel Coronavirus, also known as Covid-19, and that the potential exposure to the coronavirus can be reduced, but in some circumstances is unavoidable. Working in a school setting, or being present on School District premises and/or at School District functions, may cause exposure to the Coronavirus, to me, my child or to School District employees who have contracted the Coronavirus, or to students who have contracted the Coronavirus, as well as to all visitors and other persons, who have contracted the Coronavirus. Steps will be taken by (School District) to reduce the risk of my exposure to the Coronavirus, but even with those steps there is still a risk that working on campus and interacting with employees, students and third parties, could expose me to the Coronavirus. I hereby acknowledge the risk of exposure to the Coronavirus, and I acknowledge the risk that I may contract the Coronavirus by coming on to the school district premises and interacting with employees, students and other people. I further acknowledge that allowing my child to participate in this event could also be exposed to the Coronavirus by and through these risks, and could enhance the risk of exposure to the Coronavirus to me and to other people.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: Number Street \_\_\_\_\_ Work ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home ( ) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_
(e.g., Kaiser)

In the event of illness or accident, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: Number Street \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

If there are any special medical instructions, please attach an explanation to this sheet and check appropriate box.

- Instructions at tached
No instructions attached