

**Vinton-Shellsburg Community School District  
Coaching Application**

Position Applied For		Days/Hours Available for Work		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name (Last, First & Middle Initial)			Telephone Number		
Address (Street)			Cell Phone Number		
(City, State, Zip Code)		Has the Iowa Dept. of Human Services or similar agency in any other state or jurisdictions, ever issued a determination or finding or cause or reason to believe or suspect that you engaged in the physical, psychological, or sexual abuse or neglect of a child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security Number		Have you ever been convicted of or pleaded guilty to a felony or misdemeanor or been given a deferred sentence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address:					

**Education**

**Area of Interest**

Circle Highest Grade Completed  6 7 8 9 10 11 12 GED		<input type="checkbox"/> Varsity <input type="checkbox"/> Middle School <input type="checkbox"/> Assistant	
Name & Location of High School:		Circle Activity You Are Willing/Qualified to Coach/Sponsor:	
College 1 2 3 4 5 6    Name of College:		Baseball                                  Swimming-	
Do you have any other experience or qualifications not listed which relate to the job applied for?		Softball                                      Track/Cross Country	
		Boys Basketball                          Volleyball	
		Girls Basketball                          Wrestling	
		Cheerleading                              Other	

**Employment History (Most Recent)**

Employer Name & Phone #, Address (City, State, Zip)	Date Started	Date Left	Reason for Leaving:
	Job Title:		
Employer Name & Phone #, Address (City, State, Zip)	Date Started	Date Left	Reason for Leaving:
	Job Title:		
Character Reference (List Two) 1.  2.			Phone #'s

**MUST PROVIDE COPIES OF THE FOLLOWING:**

**Coaching Certificate** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Pending Cert./Folder # \_\_\_\_\_

**Mandatory Child Abuse Reporting Training Certificate**      Cert. Date: \_\_\_\_\_  
(This training has to be renewed every 5 years)

**Blood Borne Pathogens Training Certificate (Renew Annually)** \_\_\_\_\_ Cert. Date \_\_\_\_\_

I hereby certify that the information on this application is true and a complete statement of my personal and professional record to date. I authorize the District to consult previous and present employers and give permission to conduct a criminal history record check.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return application to: Vinton-Shellsburg Comm. Schools, 1502 C Ave., Vinton, IA 52349  
Phone: 319/436-5680**

**Vinton-Shellsburg Community School District Equity Statement**

The Vinton-Shellsburg Community School District provides equal educational and employment opportunities and will not illegally discriminate on the basis of race, color, national origin, gender, disability, religion, creed, age, marital status, sexual orientation, or gender identity. Vinton-Shellsburg Community School District shall take affirmative action in recruitment, appointment, assignment and advancement of women and men, minorities and disabled. Inquiries regarding compliance with equal educational or employment opportunities and/or affirmative action shall be directed to Becky Lutgen, Equity Coordinator, Vinton-Shellsburg CSD, 1502 C Avenue, Vinton, Iowa 52349. Inquiries may also be directed in writing to the Director of the Region VII Office of the United States Equal Employment Opportunities Commission, or the Director of the Region VII Office of Civil Rights, United States Department of Education in Chicago, IL.

**Additional Comments**

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