



Dedicated to Academic Excellence through Quality Education

105 South Fifth Street
 Ironton, Ohio 45638
 (740) 532-4133 • Fax (740) 532-2314

Application For Athletic Positions

Name: _____ Date: _____

Address: _____ Phone: _____

Social Security #: _____ Gender _____ Email _____

POSITION FOR WHICH YOU ARE APPLYING: (Please check)

Head Coaching Positions

- Baseball
- Basketball (B)
- Basketball (G)
- Bowling
- Cheerleader Advisor
- Cross Country
- Football
- Golf
- Softball
- Tennis (B)
- Tennis (G)
- Track (B)
- Track (G)
- Volleyball
- Wrestling

Assistant Coaching Positions

- Baseball
- Basketball
- Cheerleader Advisor
- Football
- Golf
- Softball
- Track
- Volleyball
- Wrestling

Volunteer Coach

I want to be a
 volunteer coach
 for the following sport:

Educational and Professional Training

| Institution | Name of School | Location | No. Years Attended | Degree or Diploma | Date of Entering | Date of Leaving | Semester Hours of Credit |
|----------------|----------------|----------|--------------------|-------------------|------------------|-----------------|--------------------------|
| High School | | | | | | | |
| | | | | | | | |
| College | | | | | | | |
| | | | | | | | |
| Graduate Study | | | | | | | |
| | | | | | | | |

Major and Minor Fields of Training

| Major Fields | Semester Hours | Under or Post Graduate | Minor Fields | Semester Hours | Under or Post Graduate |
|--------------|----------------|------------------------|--------------|----------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Work Experience

| Firm or Organization | Title or Description of Work | Dates | Hours per Week | Total Months Employed |
|----------------------|------------------------------|-------|----------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

References

Give the names of at least five employment persons who are qualified to give first-hand information concerning your character, personality, scholarship, and employment ability. If you have had previous work experience, you must include the names of your former supervisors.

| Name | Address/Phone | Position |
|------|---------------|----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

When can you begin work:

Add by letter any additional information that will give us a more complete estimate of your training, experience, character and ability. Copies of testimonials in your possession may be included.

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish the Ironton City Schools and/or its agents, with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to the Ironton City Schools. A photocopy of this authorization is as effective as the original.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

“An Equal Opportunity Employer”