 APPLICATION FOR SUPPLEMENTAL AND COACHING POSITIONS

**ST. MARYS CITY SCHOOLS**

**2250 State Route 66**

**ST. MARYS OH 45885-9355**

# 

# Application Date MM/DD/YYYY:

This application should only be submitted in response to a posting for an open position.  Your application will remain active until the posted position has been filled.  If the position is posted again in the future, please resubmit your application for consideration.

**Procedures:**

1. Please complete this application and return it to: **jobs@smriders.net.**
2. After a review of the completed application and other requested materials, interviews will be arranged with selected candidates for vacant positions.
3. If you need assistance in completing this application, please call 419-394-4312.

**This application has fillable fields (the grey text) and must be completed in Microsoft Word.**

**Demographic Information** (Note – Name as it appears on your Social Security card):

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Middle |
| Street Address | | |
| City | State | Zip |
| Primary Phone | Secondary Phone | Date of Birth |
| E-mail Address | | |

**Educational Background:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| College attended: | College name | | | Degree: | Degree | |
| Technical School attended: | | | School name | Degree: | Degree | |
| High School attended: | | School name | | Graduation year: | | Year |

**For which coaching or supplemental position(s) are you applying?**

enter title of position(s) here

|  |
| --- |
| **Please describe the skills and experiences that qualify you for the position(s) you have indicated an interest in.** |
| enter information here |

**Coaching Experience (or past experience in the supplemental position you are applying for)** (start with the present or most recent)

|  |  |  |
| --- | --- | --- |
| **Employer/ Organization Name**  **Dates Employed** | **Employer/ Organization Contact Information** | **Position(s)** |

|  |  |  |
| --- | --- | --- |
| Employer/ Organization Name  From MM/YYYY  To MM/YYYY | Street Address  City, State Zip  Phone Number | enter information here |

|  |  |  |
| --- | --- | --- |
| Employer/ Organization Name  From MM/YYYY  To MM/YYYY | Street Address  City, State Zip  Phone Number | enter information here |

|  |  |  |
| --- | --- | --- |
| Employer/ Organization Name  From MM/YYYY  To MM/YYYY | Street Address  City, State Zip  Phone Number | enter information here |

**Employment Information** (start with the present or most recent employer)

|  |  |  |
| --- | --- | --- |
| **Employer Name**  **Dates Employed** | **Employer Contact Information** | **Position(s)** |

|  |  |  |
| --- | --- | --- |
| Employer Name  From MM/YYYY  To MM/YYYY | Street Address  City, State Zip  Phone Number | enter information here |

**\**

|  |  |  |
| --- | --- | --- |
| Employer Name  From MM/YYYY  To MM/YYYY | Street Address  City, State Zip  Phone Number | enter information here |

|  |  |  |
| --- | --- | --- |
| Employer Name  From MM/YYYY  To MM/YYYY | Street Address  City, State Zip  Phone Number | enter information here |

**References**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Phone Number** |
| First and Last Name | Street Address  City, State Zip | Phone Number |
| First and Last Name | Street Address  City, State Zip | Phone Number |
| First and Last Name | Street Address  City, State Zip | Phone Number |

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION**

This will be authorization to the St. Marys Board of Education to obtain any and all information regarding previous employment from any and all persons, firms or corporations by whom I was previously employed.

In addition, I swear or affirm the facts set forth above in my application are true and complete. I understand that if employed, false statements on this application shall be considered as sufficient cause for rejection or dismissal.

I have the legal right to work in the United States and will submit the appropriate documentation upon the time of hire.

Applicant’s Signature: First and Last Name Date: MM/DD/YYYY

The St. Marys City School District is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, disability, military status, ancestry or age in its programs and activities, including employment opportunities. Information requested is used solely to determine the applicant’s ability to meet job criteria and to perform the job satisfactorily.