



CLINTON-MASSIE ATHLETIC DEPARTMENT

2556 LEBANON ROAD ▪ CLARKSVILLE, OH 45113

PHONE: 937.289.2151 ▪ FAX: 937.289.3313

WWW.CMFALCONS.ORG

COACHING APPLICATION

Please fill in all information requested and mail to the Athletic Director at the above address. Applications can also be scanned and sent to brian.carey@cmfalcons.org.

Position Desired: _____

Application Date: _____

Personal Data

First Name: _____ Last Name: _____ Middle: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone #: _____

Email Address: _____

Educational Background

Name & Location Date of Diploma/Degree Dates in Attendance

Previous Coaching Experience

1. School/Company, Position

From (MO/YR) To (MO/YR)

2. School/Company, Position

From (MO/YR) To (MO/YR)

Previous Participation in Organized Sports

High School: : _____

College: _____



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General Questions

Do you have a valid Pupil Activity Permit? _____

Expiration Date? _____

Do you have a valid CPR card? _____

Expiration Date? _____

Will your current job permit you to be at practice by school dismissal time during the season?

Yes: _____ No: _____

References

Name, Address, Phone, Relationship

1. _____
2. _____
3. _____
4. _____

Briefly state your coaching philosophy:

Applicant Certificate and Release

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or subsequent dismissal if I am hired. I hereby authorize the district to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include, but not be limited to, such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information and without limitation hereby release the Clinton Massie Board of Education and the reference source from any liability in connection with the release or use of the information requested and provided. I acknowledge that I must also have a tuberculin test and present documented evidence of having tested negative for tuberculosis within ninety days before my first day of work, in accordance with ORC 3701-15-02(A). In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. I agree that any claim or lawsuit relating to my service with Clinton-Massie Local School District or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature of Applicant: _____

Date: _____