

KINGS CANYON UNIFIED APPLICATION FOR TEMPORARY ATHLETIC TEAM COACHING ASSIGNMENT

675 W. Manning Ave, Reedley, CA 93654 (559) 305-7010

COACHING POSITION _____ SCHOOL _____
Paid _____ Volunteer _____

PERSONAL INFORMATION

Last Name	First Name	Middle Name	SS# (last 4 digits)
Mailing Address	City	State	Zip Code
Home Phone ()	Business Phone ()	Cell Phone ()	
Are you a current employee of KCUSD? Yes No		If yes, position:	
Site:		Number of hours employed:	

GENERAL INFORMATION

Do you have a California Driver's License? License No. _____ ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

If hired, can you provide the documents required to prove that you are authorized to work in the United States? ☐ Yes ☐ No

Have you ever been employed by Kings Canyon Unified School District? ☐ Yes ☐ No

If yes, give dates and reason for leaving: _____

Have you earned a high school diploma or its equivalent? ☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, please attach explanation of when, where, and disposition of case(s). A conviction may not necessarily disqualify you from the job for which you applied.

EMPLOYMENT INFORMATION

Current Employer: _____

Current Title: _____ Date employed: _____

DECLARATION

I, the undersigned applicant, hereby certify that the foregoing information is true and correct and that I shall promptly notify the school principal of completion or any termination of participation in the training programs listed above.

I understand and agree that I will comply with the above-referenced "Code of Ethical Conduct," all California Interscholastic Federal rules and regulations, including those of the Kings Canyon Unified School District. Although I may be removed from this assignment without cause, I understand that failure to abide by rules, regulations and directive reference above may result in removal from this assignment or forms of employee discipline.

I understand and agree that employment is temporary. I understand and acknowledge that no permanency may be obtained in this assignment, and that even returning coaches must obtain approval of temporary athletic team coaching assignments each year.

I understand and agree that, because I am not a contracted employee of the District, my assignment as a temporary athletic team coach is pursuant to Education Code section 44919, and that I may be removed from such assignment at any time, in the discretion of the District Governing Board, without cause, pursuant to law.

I declare that I have read and understood all of the statements listed above. I affirm that the statements provided are true and complete to the best of my knowledge. If I misrepresent or Deliberately omit a fact in this application and/or in any documents attached to this application, I may be refused employment or, if employed, I may be terminated.

Coach's Signature: _____ Date: _____

Administrator's Signature _____ Date: _____