

**LOS MOLINOS UNIFIED SCHOOL DISTRICT**  
**7851 Highway 99E, Los Molinos, CA 96055**

**COACHING APPLICATION**  
**(Paid and Volunteer)**

TITLE 5 of the California Code of Regulations establishes specific requirements for individuals hired to supervise or instruct interscholastic athletic events. The following information will help the district assess and document your compliance with the requirements.

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address City State Zip

Position applying for: School \_\_\_\_\_ Sport/Position \_\_\_\_\_

**REQUIRED CERTIFICATION**

1. Do you have a valid cardiopulmonary resuscitation (CPR) card? **Yes No**  
If yes, please attach copy of the card
2. Do you have a valid first aid card? **Yes No**  
If yes please attach a copy of the card
3. Have you had a tuberculosis (TB) test in the last 60 days? **Yes No**  
If yes, please attach a copy of certificate
4. Have you taken the coaching certification required by the state? **Yes No**  
If yes, please attach proof

**KNOWLEDGE OF SPORTS AND RULES**

1. Have you ever participated in organized competition in the sport at the high school level or above? **Yes No**

If you did not participate, describe the training and experience you have in the rules and techniques of the sport, including any previous coaching experience.

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2. Are you familiar with the league and state rules governing the sport? **Yes No**

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**COACHING THEORY & ADOLESCENT PSYCHOLOGY**

1. Have you completed any college level course work in adolescent psychology, sports psychology human growth and development?      Yes    No

List any prior active involvement with a school or community sports program.

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**OTHER**

Have you ever been dismissed or asked to resign from a position?      Yes    No

Area any criminal charges or proceedings pending against you?      Yes    No

Have you ever been convicted of a crime other than a minor traffic violation? *Note:* A conviction will not necessarily disqualify you from consideration; however, failure to report is cause for disqualification or dismissal.      Yes    No

If answers to any of the above questions is yes, please explain on an attached sheet.

**Note:** The immigration Reform and Control Act of 1986 requires that employees submit evidence of identity and employment eligibility. Proof of citizenship or immigration status will be required after employment.

**REFERENCES**

Please include references for prior coaching positions as well as other employers.

1. Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Phone \_\_\_\_\_

2. Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Phone \_\_\_\_\_

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3. Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Phone \_\_\_\_\_

4. Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Phone \_\_\_\_\_

5. Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Phone \_\_\_\_\_

<b>ADDITIONAL DOCUMENTATION</b>
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Candidates with valid California teaching credentials will need to submit a copy of the credential. Candidates without a valid credential will be fingerprinted and processed through the Department of Justice and F.B.I.

I certify that all information on this application is accurate and true to the best of my knowledge. I understand and agree that any misstatements, omissions, or falsification of material fact herein will cause forfeiture of all rights and terms, conditions, and privilege of employment with the District.

If I am being considered for selection, I authorize Los Molinos Unified School District to contact references (e.g. former employees, educational institutions) I have listed to verify the application information provided. I release from all liability persons and organizations reporting information required by this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Los Molinos Unified School District considers applicants for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status.

Please return all required documents with this application

***AN EQUAL OPPORTUNITY EMPLOYER***

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**APPROVAL OF PRINCIPAL**

I APPROVE THE CANDIDATE NAMED ABOVE AND REQUEST ASSIGNMENT  
AS A:

PAID  
VOLUNTEER COACH

FOR THE \_\_\_\_\_ SCHOOL YEAR.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date