

# Sutherlin School District

531 E. Central Avenue  
Sutherlin, Oregon 97479  
541-459-2228

## Coaching & Advising Application

Complete in your own handwriting using blue or black ink.

APPLICATION DATE: \_\_\_\_\_ Position applying for: \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Full Middle) (Other Names Used)

PRESENT ADDRESS \_\_\_\_\_  
Street/Mailing City State Zip Phone

Are you a member of Oregon State Retirement System? ☐ NO ☐ YES, # \_\_\_\_\_

Social Security Number \_\_\_\_\_

First Aid Card? \_\_\_\_\_ Date class taken \_\_\_\_\_ Date card expires? \_\_\_\_\_

### Coaching Experience (please list all):

| School / Organization | Location | Phone # | Sport | Position | Years (00/00) | Volunteer or paid |
|-----------------------|----------|---------|-------|----------|---------------|-------------------|
|                       |          |         |       |          |               |                   |
|                       |          |         |       |          |               |                   |
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|                       |          |         |       |          |               |                   |
|                       |          |         |       |          |               |                   |
|                       |          |         |       |          |               |                   |

### REFERENCES

Please list four references OTHER THAN FOR WHOM YOU HAVE WORKED, who have firsthand knowledge of your abilities, character and personality. Complete this section even if you are including a resume'.

| Name | Address | Company | Telephone Number |
|------|---------|---------|------------------|
|      |         |         |                  |
|      |         |         |                  |
|      |         |         |                  |
|      |         |         |                  |
|      |         |         |                  |

***PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING:***

- I am aware of, or am willing to learn and accept the basic philosophy and objectives of the Sutherlin School District.
- I understand that the information I have provided may be verified by contacting persons or organizations named in this application.
- I affirm that the information given in this application is true and correct.
- I understand that I am not to use and/or possess tobacco products on school property or at any school event.
- I understand that I am not to be under the influence of alcohol on school property or at any school event.
- I understand that I am not to use foul or abusive language while serving as a coach / advisor.
- I further agree to abide by and uphold all policies and administrative rules of the Sutherlin School District.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Oregon Driver's License)

**Any offer of employment is subject to fingerprinting and a criminal records check in accordance with OAR 581-22-716 and district policy. All employees will be responsible for the costs of fingerprinting and criminal records checks.**

I verify that all information on this employment application is true and complete. I understand that any misrepresentation, falsification, or omission on this application or on other documents submitted to the school district will be sufficient cause for this application not to be considered by the school district or for discharge if I have been employed. By signing this application I understand I am authorizing Sutherlin School District to release state form #581-2282-X, reporting status of nationwide criminal history check to school districts in Oregon requesting the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Oregon Department of Education  
Public Service Building  
255 Capitol Street NE  
Salem, Oregon 97310

Office of Finance and Administration  
Pupil Transportation and Fingerprinting  
503 -947-5600  
FAX 503-378-5156

### CRIMINAL HISTORY VERIFICATION OF APPLICANTS

**Please type or print clearly.**  
As Appears on License

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used:(includes Maiden Name) \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver License/Identification Card No.: \_\_\_\_\_

*Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.*

Mailing Address: \_\_\_\_\_

Full Street Address/Post Office Box  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

A. Have you **EVER** been convicted of a sex-related crime? ☐ Yes ☐ No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

If yes, did the crime involve force or minors? ☐ Yes ☐ No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? ☐ Yes ☐ No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages. ☐ Yes ☐ No

If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_

D. Have you **EVER** been convicted of any other crime except a minor traffic violation? (Includes Traffic Crimes) ☐ Yes ☐ No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? ☐ Yes ☐ No

**Advisory:** A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **VOLUNTARY EEO INFORMATION**

This information is voluntary and is collected only for Equal Employment Opportunity reporting purposes. This form will be physically separated from your other applications materials and will not affect the application process in any manner. Should you prefer not to provide this information, there will be no effect on your application.

Sex                      Male    Female  
                            ☐    ☐      Date of Birth \_\_\_\_\_

Race or Cultural Group \_\_\_\_\_

Are you a Military Veteran? \_\_\_\_\_