



Idalia School District RJ-3
P.O. BOX 40
26845 Road 92-Idalia, CO 80735
Phone 970-354-7298 Fax 970-354-7416

A completed application includes the following documents:

- cover letter
- completed application
- 3 letters of recommendation

Any questions, please contact Athletic Director Savanna Vlasin at
vlasins@idaliaco.us or (970) 354-7298.

IDALIA SCHOOL DISTRICT RJ-3

P.O. BOX 40
IDALIA, COLORADO 80735
(970) 354-7298
vlasins@idaliaco.us

COACHING APPLICATION

Date: _____

Name: (Last, First, Middle) _____

Position Desired: _____

AN EQUAL OPPORTUNITY EMPLOYER

The District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, or national origin.

PERSONAL DATA (Please type or print)

- 1. Name _____ 2. Social Security No. ____ - ____ - ____
- 3. Other names used _____ Dates of Usage _____
- 4. Phone Number: _____
- 5. Email Address: _____
- 6. Address: _____

7. POSITION(S) DESIRED:

JUNIOR HIGH: List in order of preference.

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

HIGH SCHOOL: List in order of preference.

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

8. Have you ever been dismissed or asked to resign from a position?

(Please check) Yes ___ No ___

If yes, explain: _____

9. Have you ever resigned rather than face disciplinary action and/or non-renewal by an employer and/or disciplinary action against a license/certificate?

(Please check) Yes ___ No ___

If yes, explain: _____

10. COACHING EXPERIENCE:

Name of School/State	Position	Number of Years	Reason for Leaving

11. REFERENCES:

Please provide at least three references that are familiar with your personality, character and work performance.

Name	Years Known	Position/Relationship	Phone Number

PHILOSOPHY OF COACHING (Please provide answers on separate paper)

- 12. Why are you seeking a coaching position with Idalia School District RJ-3?
- 13. Please explain the role you believe athletics should play in education.
- 14. How would a player describe having you as their coach?

CERTIFICATION AND RELEASE

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the school and/or its agents including consumer-reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers, persons, schools, companies, law enforcement from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If school policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to being offered a position and/or during employment.

Signature

Date

* All applicants must submit fingerprints to the district at time of employment.