

**MAINE SCHOOL ADMINISTRATIVE DISTRICT NO 59  
205 MAIN STREET  
MADISON, MAINE 04950  
(207) 696-3323**

**APPLICATION FOR COACHING POSITION**

THE **MSAD 59** DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

Date \_\_\_\_\_ For the position of \_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

EDUCATION: Official transcripts, including grades, from all college(s)/university(s) attended must be provided. It is essential that this section be completed accurately.

<b>EDUCATIONAL BACKGROUND</b>			
NAME OF SCHOOL & LOCATION	YEARS ATTENDED	GRADE COMPLETED	YEAR OF GRADUATION
High School			
Trade School			
College			
Other			

**WORK EXPERIENCE**

Please list below all positions held, employer and dates of employment. **All school units/educational institutions you have worked in must be listed.** In addition, please list any other employers you have worked for in the past ten years. Please account for any gaps in employment on a separate page. It is essential that this section be completed accurately.

Present Employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Telephone Number \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Describe in detail duties performed: \_\_\_\_\_

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Reason for leaving position \_\_\_\_\_

**(List former employers in order from most recent to least recent)**

Previous Employer \_\_\_\_\_ Street \_\_\_\_\_

Supervisor \_\_\_\_\_ City \_\_\_\_\_

Telephone Number \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Describe in detail duties performed: \_\_\_\_\_

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Reason for leaving position \_\_\_\_\_

Previous Employer \_\_\_\_\_ Street \_\_\_\_\_

Supervisor \_\_\_\_\_ City \_\_\_\_\_

Telephone Number \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Describe in detail duties performed: \_\_\_\_\_

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Reason for leaving position \_\_\_\_\_

Previous Employer \_\_\_\_\_ Street \_\_\_\_\_

Supervisor \_\_\_\_\_ City \_\_\_\_\_

Telephone Number \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Describe in detail duties performed: \_\_\_\_\_

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Reason for leaving position \_\_\_\_\_

**Please explain any gaps in employment history:** \_\_\_\_\_

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**BACKGROUND**

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes \_\_\_ No \_\_\_

Have you ever resigned from a prior position after a complaint had been received against you or while your conduct was under investigation or review? Yes \_\_\_ No \_\_\_

If applicable, has your contract in a prior position ever been non-renewed Yes \_\_\_ No \_\_\_ N/A \_\_\_

If applicable, have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_

Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes \_\_\_ No \_\_\_

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes \_\_\_ No \_\_\_

If you have answered YES to any of the previous questions, provide full details on an additional sheet including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition is not necessarily an automatic bar to employment.

**REFERENCES:** List three, two of whom are your most recent supervisors, who can comment on your ability and whom we may contact. In addition, please provide three letters of reference from persons who are not related to you (may be from references listed below).

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>

**EXPERIENCE/TRAINING:**

Check the following areas in which you have had related training ( i.e., courses, work, or workshops):

\_\_\_ Coaching techniques/methods, \_\_\_ First Aid, \_\_\_ Emergency Care (CPR),

\_\_\_ Care and Prevention of Athletic Injury, \_\_\_ Athletic Conditioning, \_\_\_ Food and Nutrition for Athletics

\_\_\_\_\_ Organization and Administration of Athletics, \_\_\_\_\_ Coaching Psychology/Motivation

\_\_\_\_\_ Other: (please specify)\_\_\_\_\_

**COACHING EXPERIENCE:**

<b>From (month/year)</b>	<b>To (month/year)</b>	<b>Position</b>	<b>Employer</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLAYING EXPERIENCE FOR POSITION APPLIED FOR:**

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My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency, including but not limited to permitted disclosures from the Department of Education pursuant to 20-A M.R.S. § 13025. I further authorize those persons, agencies or entities that the MSAD 59 contacts in connection with my employment application to fully provide the MSAD59 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the MSAD 59 its agents and officials or against any provider of such information.

I understand that information submitted with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure. I further understand that truthfulness is required and hereby represent that all the information I have provided is true, complete, and accurate to the best of my ability.

**I AGREE AND UNDERSTAND THAT OMITTING ESSENTIAL FACTS OR PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR DURING THE EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY ME OR, IF I HAVE BEEN EMPLOYED, TO IMMEDIATELY DISMISS ME.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Printed name \_\_\_\_\_

**NOTE:** ALL EMPLOYMENT APPLICATION MATERIALS BECOME THE PROPERTY OF **MASD 59**. NONE WILL BE RETURNED. EMPLOYMENT CANNOT BE FINALIZED UNTIL THE APPLICANT HAS COMPLETED REQUIREMENTS FOR COMPLETE BACKGROUND CHECKS AND FINGERPRINTING AS REQUIRED BY MAINE STATUTE.