

Date of Application: \_\_\_\_ - \_\_\_\_ - \_\_\_\_



## Athletic Coaching Application

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### General Information:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Educational Background

College Major: \_\_\_\_\_ College Minor(s): \_\_\_\_\_

High School: \_\_\_\_\_ City: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Other Education: \_\_\_\_\_ City: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

### Athletic Experience and Participation

High School:

---

---

College: \_\_\_\_\_

---

---

Any Related Activities and/or Experience?

---

---

---

---

Anything you feel should be considered in evaluation of this application?

---

---

---

---

Date of Application: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## References

(Give Name, Title, Phone Number)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please answer the following questions:

Do you have a valid CDL?                      Yes    No

Are you 18 years or older?                      Yes    No

Are you available for an interview?    Yes    No

Most convenient time for an interview? \_\_\_\_\_

Level you feel comfortable coaching?

\_\_\_\_\_ Middle School (Grade 6-8<sup>th</sup>)

\_\_\_\_\_ Upper School (Grades 9-12)

Check the sports you would be interested in coaching.

### Fall

Varsity Football

Varsity Volleyball

Junior Varsity Volleyball

Middle School Volleyball

Middle School Football

### Winter

Women's Varsity Basketball

Men's Varsity Basketball

Men's Varsity Soccer

Middle School Boys Basketball

Middle School Girls Basketball

### Spring

Men's Varsity Baseball

Men's Junior Varsity Baseball

Women's Varsity Softball

Varsity Golf

Varsity Track

Varsity Tennis

Middle School Tennis

Middle School Baseball

Middle School Softball

I authorize Allen Academy to run a background check: \_\_\_\_\_

Applicants Signature

This application is truthful and correct

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to: The Director of Athletics