

CITY OF HAYDEN RECREATION DEPARTMENT
8930 N. Government Way, Hayden, ID 83835, (208) 772-4411

COACHING APPLICATION

Date: _____ Shirt Size _____ Email _____
 (Please provide, so we can distribute information-Thank you)

 Last First Middle

Present Address: _____
 Number Street City State Zip Code

Home Phone No.: _____ Work Phone No.: _____

Have you ever been employed/volunteered under a different name? If yes, list name and dates. Yes No

Have you ever been convicted or pled guilty to a felony or a misdemeanor, including withheld judgments and bond forfeiture? Yes No

**If you answered yes to the previous question, please explain in the space below: (this may not necessarily disqualify you, but inaccurate and incomplete information could disqualify you from a position)*

Check the skill(s) you possess, rate your experience, and list the length of experience and age groups you have worked with:

<u>Skill</u>	<u>No Experience</u>	<u>Played</u>	<u>Coached</u>	<u>Officiated</u>	<u>Length of Experience (years/months)</u>	<u>Age Group</u> <small>(1st gr, 2nd gr/ 7-8's, 9/10's, etc.)</small>
Baseball-Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Basketball-Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Basketball-Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Flag Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Soccer-Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Soccer-Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Volleyball-Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Volleyball-Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Have you received any formal training as a coach? Yes No If yes, please describe (PE classes, clinics, NAYS, etc.)

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If you have an immediate family member(s) you want to have on your team, please name: _____

Are you coaching more than one team? Yes No If so, please write team name & age group below.

CERTIFICATION

"I certify that the facts contained in the application and its attachments are true, accurate, and complete to the best of my knowledge and understand that false or misleading statements or material omissions on this application or provided in interviews constitute grounds for denial, or for immediate dismissal if already in use."

"I understand that acceptance of an offer of coaching/volunteering does not create a contractual obligation upon the City to continue to utilize me in the future."

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations, and all civilian and government entities, military agencies, law enforcement agencies, private, city, town, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be utilized by the City of Hayden. This includes, but is not limited to, all information related to my employment, education, performance, disciplinary history, character, integrity, reputation, conduct, behavior, and fitness for duty. This authorizes release of such information to the City of Hayden and its officers, employees, agents and officials.

This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. I DO HEREBY RELEASE the City of Hayden and its officers, employees, agents and officials and all persons or entities disclosing such information pursuant to this document from any and all liability. I release from all liability all persons, institutions, companies, and corporations who supply such information. I indemnify the City of Hayden against any liability that might result from such an investigation.

I further agree that any information obtained as part of a background investigation shall not be released to any person including myself without approval of the City of Hayden.

Signature

Dated this _____ day of _____
Printed Name: _____



8930 N Government Way Hayden, Idaho 83835

Criminal History Background Check

As a condition of some positions, applicants may be required to successfully pass a criminal history and driver's license check. Please refer to the position posting to determine if this form is required as part of the application for the position you are interested in. Depending on the position requirements, a conviction may or may not be grounds for disqualification. Each case will be considered individually.

Name: (Last, First, Middle Name)		Position application is for:
Social Security Number:	Birth Date:	Driver's License or ID Card issued by what State? ____ License or Card Number:
Alias Names (Include Maiden Name, prior Married Names, and/or other Name Changes):		
Gender ____ Male ____ Female		Home Phone Number:
Present Address: Street: _____ City: _____ State: _____ ZIP _____		Permanent Address: (If different) Street: _____ City: _____ State: _____ ZIP _____
Work Phone Number:		Email Address:
Please list the name of any city or town in which you have lived in the last five (5) years and include address:		
Street Address: _____ City _____ State _____ Zipcode _____		
Street Address: _____ City _____ State _____ Zipcode _____		
Street Address: _____ City _____ State _____ Zipcode _____		
In the space below, please list ANY criminal offenses, including misdemeanors, and D.U.I., for which you have been convicted or received a withheld judgment for, within your lifetime .		
Approximate Date	City/State	Offense or Violation
_____	_____	_____
_____	_____	_____
Please list the approximate date and place of all traffic citations received within the last FIVE (5) years.		
Approximate Date	City/State	Citation
_____	_____	_____
_____	_____	_____

I authorize the City of Hayden to receive any and all information concerning myself contained within the files of the Bureau of Criminal Identification, and I understand that any of the above requested information not listed which appears on the security check will automatically disqualify me on the basis of falsification of the application.

Applicant's Signature _____ **Date:** _____

Please return application to: Hayden Recreation Department, 8930 N. Government Way, Hayden, ID 83835