

RIPON UNIFIED SCHOOL DISTRICT

ELEMENTARY COACHING APPLICATION

Completed application packet must be returned with the following items:

Completed RUSD Application

Copy of First Aid/CPR Card

Copy of TB Result (Within 4 years)

PLEASE TYPE OR PRINT

First Middle Last (Maiden)

Current Address City Zip

Phone (_____) _____ Cell Phone (_____) _____

Email Address: _____

Position Applying For: _____ Head Coach _____ Assistant Coach

Sport: _____

EDUCATIONAL BACKGROUND

Name of School or University	City/ State	Sports Participated In	Dates Graduated

COACHING EXPERIENCE

Name of Employer	City/ State	Sport	Level	Years	Dates

COACHING REFERENCES

Name	Address	Telephone Number

(The Ripon Unified School District is an Equal Opportunity Employer (Please complete reverse side))

ADDITIONAL EMPLOYMENT DATA

1. Why do you want this position?

2. How does your background prepare you for this position?

3. What contribution do you believe you can give our staff and program?

4. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIMINAL OFFENSE? (other than a minor traffic violation) ☐ Yes ☐ No If "Yes" please state in the "REMARKS" section below the specific charge for which you were convicted, the date and place of conviction, as well as the jail/ prison sentence or fine you received. Attach a separate sheet of paper if necessary. Certain convictions need not be reported. (See 2 Cal. Code of Regulations §7287.4 and Labor Code §432.8). Regardless of §7287.4 you must report all sex and drug offenses specified in Education Code §44010 and §44011. Please be aware that having been convicted of a criminal offense does not necessarily disqualify an applicant from employment with the District. Failure to truthfully provide the information requested is cause for disqualification or dismissal.

5. List names of relatives currently employed by this District. _____

6. Are you a U.S. citizen or alien authorized to work in the United States? ☐ Yes ☐ No

7. Have you previously worked for RIPON UNIFIED SCHOOL DISTRICT ?
☐ Yes ☐ No If Yes, when? _____

REMARKS: _____

I hereby certify that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I agree to abide by all general rules and regulations, all safety and health guidelines, and the CIF/ Sac-Joaquin Section Sportsmanship Code of Ethics.

Signature

Date

**Please mail or hand deliver the completed application packet to:
Ripon Unified School District
304 N. Acacia Avenue
Ripon, CA 95366**

(We do not accept faxed applications)

Ripon Unified School District

AUTHORIZATION FOR DISCLOSURE OF EMPLOYMENT INFORMATION AND RELEASE OF LIABILITY

I, _____, residing at

Street Address	City	State	Zip
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having applied for employment with the Ripon Unified School District ("District"), do hereby consent to have an investigation made by or on behalf of the District as to my employment qualifications, past employment history and fitness for employment. Upon request, I agree to provide any further information, which is relevant to my application for employment.

I authorize every person, firm, company, corporation, governmental agency, school or institution having control of any documents, records and other information pertaining to me to furnish to the District or its representatives any such information, and/or to permit the District or its representatives to inspect and make copies of such documents, records and other information. I further expressly authorize every person, firm, company, corporation, governmental agency, school or institution to orally discuss with the District or its representatives any information pertaining to me which he/ she/ it may possess. I understand and agree that the disclosure, receipt, or use of any document, record or written or oral information of any kind pertaining to me pursuant to this authorization, shall not be a basis for any legal action by me or on my behalf.

In consideration for the District evaluating my qualifications and fitness for possible District employment, I hereby release, discharge, hold harmless and covenant not to sue the District, its agents and representatives, and any person or entity, its officers, agents, employees, or assigns, who furnish oral reports, documents, records or other information, including but not limited to information or documents which may be false, defamatory, misleading or damaging in any way, for any and all liability of any nature whatsoever arising out of any such investigation, or out of the furnishing, inspection or use of such oral reports, documents, records and other information.

I also understand and agree that all oral and written responses to the District's inquiries shall remain confidential and shall not be divulged to the applicant.

In any legal action or proceeding in which the District is required to enforce the terms of this release, the District shall be entitled to recover from applicant all reasonable attorneys' fees, costs and expenses incurred therein if District is found to be the prevailing party in such action.

Signature of Applicant

Date