



Scotts Valley Unified School District
 4444 Scotts Valley Drive, Suite 5B
 Scotts Valley, CA 95066
 Human Resources (831) 438-1822 Job Hotline (831) 438-0787
 www.svusd.santacruz.k12.ca.us

Athletic Coach Employment Application

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Business Phone
Email Address			Cellular Phone

Please Indicate Position(s) Which You Would Like To Be Considered:

Position	Full Time	Part Time	F/T or P/T	Willing to Begin as a Substitute Employee

1. Educational Background

High School/College(s) Attended and Address	Did you graduate?	Major	Degree/GED

2. Skills For This Position (Complete this section where applicable)

<input type="checkbox"/> Typing/Keyboarding: ____ wpm <input type="checkbox"/> 10 Key by Touch Data Entry <input type="checkbox"/> Navigating Internet/Email	Computer Skills: <input type="checkbox"/> Macintosh <input type="checkbox"/> Windows <input type="checkbox"/> Other Software Programs: <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Word Perfect <input type="checkbox"/> Other
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3. Employment History (Begin with the most recent employer)

Employer	Position/Title	From:	To:	Name/Phone # of Supervisor

4. General Information

If employed, can you provide proof of U.S. Citizenship? ____ Yes ____ No
Valid California Driver's License # _____ Circle Type: A B C Expiration Date: _____
School Bus Driver's Certificate # _____
Multilingual: ____ Yes ____ No If yes, list languages:
** Have you ever been convicted for anything other than a minor traffic violation? ____ Yes ____ No (A conviction will not necessarily bar you from employment)
** If yes, please explain in writing on a separate sheet of paper

5. Other information which you feel is appropriate for this position:

6. References (Please list three references that we may contact who have first hand knowledge of your work experience. Do not list persons related to you).

Name	Position/Title	Telephone Number

I am available for employment on this date: _____

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.

THIS APPLICATION AND ALL DOCUMENTS SUBMITTED BECOME PROPERTY OF SCOTT'S VALLEY UNIFIED SCHOOL DISTRICT.

Signature of Applicant

Date

TO COMPLETE YOUR APPLICATION PROCESS, PLEASE PROVIDE THE FOLLOWING:

1.	Scotts Valley Unified School District Coaching Employment Application
2.	Resume (NOT to be submitted in lieu of an application)
3.	Three <i>current</i> letters of recommendation

FAXED APPLICATIONS WILL NOT BE ACCEPTED

NOTICE TO ALL APPLICANTS

The Scotts Valley Unified School District complies with the rules and regulations contained in Title VII of the Civil Rights Act of 1964, Title II of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, respectively. The Scotts Valley Unified School District wishes to inform all individual and organizations that the District does not discriminate on the basis of sex, race, color, religious creed, national origin, ancestry, age over 40, marital status, pregnancy, physical or mental ability, medical condition, Vietnam era veteran status, actual or perceived sexual orientation, or any other reason prohibited by State and Federal law.