

MANSFIELD CHRISTIAN SCHOOL

500 Logan Road Mansfield, OH 44907

Phone: (419) 756-5651 Fax: (419) 756-7470

ATHLETIC DEPARTMENT APPLICATION

Date							
I. PERSON . Full Nam							
Address _							
Home Telephone(Cell Phone		_Email Add	dress:	
Marital Single Widowed Divorced Status: Divorced & Remarried							
Spouse Nam	ie:						
Children's Names & Ages:							
II. EDUCATION							
Schools Attended	Name of Scho	ol	Address			Dates Attended	Degree(s)
High School							
College							
Graduate or Other							
teaching cer	rtificate, BCI/F	BI)	tach a copy of o	one or all of the fo	ollowing: re	esume, transc	ript,
	you trained in C			No No			
3. Do ye	ou have a valid	OH driver's	license? Yes	□ No □			
	<u>PR</u>	EVIOUS EX	PERIENCE IN	COACHING OR A	ATHLETIC	<u>S:</u>	
Where		When		Level		Sports	

IV. REFERENCES (Please give the name of those individuals who can provide information concerning your personal and spiritual character and ability to coach)							
Name	Address	Phone	Capacity in which person knew you				
			Spiritual Life/Pastor				
			Former Employer				
			Friend				
			Other:				
mat	you believe the Bible to be the ONLY is ters of faith, conduct and truth? Yes No Signa of Faith Please carefully read our Sta	ature					
	Signature:	• '	explained on a separate paper.				
<u>Church</u>	Denominational affiliation:						
	What church activities and/or Christian service are you involved and to what degree of						
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PERSONAL COACHING PHILOSOPHY 1. What level (Middle School, JV, and Varsity) would you feel most qualified to coach and please explain your answer.) 2. Why do you want to coach at Mansfield Christian School? 3. What are your coaching strengths and weaknesses? 4. After reviewing our Athletic Handbook, would you have any difficulty following the guidelines for dealing with behavior problems, missed practices, etc? **MISCELLANEOUS INFORMATION**

1. Are you willing to drive your team to sporting events? 2. Are you willing to obtain the following Ohio Department of Education coaching requirements? (Pupil Supervision Certificate, Fundamentals of Coaching Course and CPR) Yes No (If no, please explain)

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AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I have made application for a position with Mansfield Christian School. I authorize Mansfield Christian School to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interviews.

I authorize the release and giving of any information requested by Mansfield Christian School such as employment records, performance reviews, and personal references whether such information is favorable or unfavorable to me.

I release any person, organization, or company from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I further waive the right to ever personally view any references given to Mansfield Christian School.

I further certify that I have carefully read and do understand the above statements.

Applicant's Name (print)
Applicant's Signature
Applicant's Social Security Number
Date

Applicant Declaration of Ethical and Moral Integrity

As an applicant for a position at Mansfield (Christian School and its ministries, I
recognize, unde	erstand, and adhere to the moral and
ethical standards and mandates of said school. I fu	•
personal, moral, and ethical character and conduct as	
the past, engaged in inappropriate conduct toward mir such conduct. Inappropriate conduct includes, but	
Homosexuality, verbal, physical or sexual abuse as de	•
declare that the above statement is factual and true. By meet the moral and ethical standards of Mansfield Ch	
Applicant Signature	
Date	
Administrator's Signature (after discussing the form with applicant)	
Date	-

* * *

We at Mansfield Christian School do not discriminate on the basis of age, race, color, and national and ethnic origin.