

**Dayton School District #8**  
**COACHING EMPLOYMENT APPLICATION**  
 An Equal Opportunity and Affirmative Action Employer

Complete each question fully and accurately. Incomplete applications may not be considered.  
 A resume cannot be substituted but may be included.

**PERSONAL IDENTIFICATION:**

Name \_\_\_\_\_  
(Last) (First) (MI)

Mailing Address \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Application \_\_\_\_\_ Date of Availability \_\_\_\_\_

<p><b>Position Applied For</b></p> <p>Position Title: _____</p> <p>School: _____</p>
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**EDUCATION:**

Last grade completed for K-12: \_\_\_\_\_ Years of college completed: \_\_\_\_\_

Starting with high school, list schools attended. Enter dates as MM/YYYY (example 01/1999):

School Name	Location	Dates Attended		Degree	Course of Study	Number of College Credits
		From	To			

List any school course, training, licenses, certification, or other qualifications which relate to your suitability for this position:

Are you a "Veteran" as defined under Oregon law (ORS 408.225(e))?  Yes  No

Are you a "Disabled Veteran" as defined under Oregon law (ORS 408.225(c))?  Yes  No

Are you fluent in speaking, writing, and reading English?  Yes  No

Other than English, list languages you speak fluently: \_\_\_\_\_

List languages other than English that you can read and write: \_\_\_\_\_

Do you possess a current first aid card?  Yes  No If yes, expiration date: \_\_\_\_\_

Have you been fingerprinted for another school district, and have not resided outside the state during the interval between the two periods of time working in the district?  Yes  No If yes, where and when: \_\_\_\_\_

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**Employment History:**

Give a complete account of your employment for the past ten years, even if you attach a resume. List your work experience with the most recent first. Include military and volunteer experience. Attach an additional sheet if necessary.

Are you presently employed?  Yes  No If no, please explain: \_\_\_\_\_

♦Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

Address \_\_\_\_\_

Your Job Title \_\_\_\_\_ Type of Business \_\_\_\_\_

Description of Job Duties \_\_\_\_\_

Number of Years \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact employer for references?  Yes  No

♦Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

Address \_\_\_\_\_

Your Job Title \_\_\_\_\_ Type of Business \_\_\_\_\_

Description of Job Duties \_\_\_\_\_

Number of Years \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact employer for references?  Yes  No

♦Employer \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

Address \_\_\_\_\_

Your Job Title \_\_\_\_\_ Type of Business \_\_\_\_\_

Description of Job Duties \_\_\_\_\_

Number of Years \_\_\_\_\_ From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact employer for references?  Yes  No

**Additional References** (other than relatives and those listed under the Employment History Section):

Name	Address	Phone Number	Title	Relationship

Please check the training and/or skills below that you have completed: Received Training (TR) and/or Experience (EXP)

TR	EXP	Skills or Training
		Coaches Education Course as required by the OSAA
		Anabolic Steroids and Performance Enhancing Drugs Training
		Van Driving Certificate
		Valid First Aid card
		Concussion Management certificate

Please provide any additional comments you wish to make concerning your qualifications:

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### Federal Regulation

The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to, and verified by, employers at the time of hire.

Are you authorized to work in the United States?  Yes  No

### Personal Information

- A. Have you **EVER** been convicted of a sex-related crime?  Yes  No  
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_  
If yes, did the crime involve force or minors?  Yes  No
- B. Have you **EVER** been convicted of a crime involving violence or threat of violence?  Yes  No  
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_
- C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages?  Yes  No  
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: \_\_\_\_\_
- D. Have you **EVER** been convicted of any other crime except a minor traffic violation? (Includes Traffic Crimes)  Yes  No
- E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal?  Yes  No
- F. Have you been convicted or been granted a diversion or conditional discharge by any court for any: (a) Felony; or (b) Misdemeanor; or (c) Major traffic violation including but not limited to: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?  
 Yes  No

If yes to any question above, please indicate charge and/or disposition: \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodations?  Yes  No

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**Applicant's Statement**

I hereby certify that this application contains no misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that if employed, false statements on this application shall be considered sufficient cause for immediate dismissal. I understand that criminal history records checks and fingerprinting are required by law (ORS 326.603, ORS181.539) and by Board policy (GBEC).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Final employment is subject to criminal record clearance through fingerprinting/criminal background check, and subject to the successful passage of a district-required drug test, Board policy (GBED).

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Please submit this application and completed supplemental forms, if required, to:

**Dayton School District #8  
780 Ferry Street  
PO Box 219  
Dayton, OR 97114-0219**

*Thank you for your interest in employment with the Dayton School District.*

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**Equal Opportunity**

Dayton School District #8 does not discriminate on the basis of race, color, national origin, sex, religion, age or disability. Dayton School District #8 is an Equal Opportunity and Affirmative Action Employer committed to workforce diversity and compliance with the Americans With Disabilities Act.

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**Drug-Free Workplace**

The district is committed to maintain a drug-free workplace and strictly complies with the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act amendments of 1989.