

APPLICATION FOR EXTRA-CURRICULAR CO-OP POSITIONS

Richey Public Schools
P.O. Box 60
Richey, MT 59259
(406) 773-5523

Lambert Public Schools
P.O. Box 260
Lambert, MT 59243
(406)774-3333

Name: _____

Date: _____

Address: _____

Telephone: Day _____ Evening _____

Position for which you are applying? _____

Are you related to any School Board members of the Richey Public Schools or Lambert Public Schools?

Yes _____ No _____ Relationship _____

List the skills, expertise, and experience related to the coaching position you are applying for:

Licenses or certificates held:

Please list your strengths and weaknesses:

Please comment on how you will handle coordination of practices/games etc, when dealing with a co-program between two schools.

May we use your previous supervisors as references on these subjects?

Yes___ No___

References who can attest to your qualifications for the position you are applying for:

Dates To & From	Name, Address & Phone of previous employer	Name of Immediate Supervisor	Job Description

I EXPRESSLY AUTHORIZE THE RELEASE TO THE EDUCATIONAL AGENCY RECEIVING THIS APPLICATION ANY RECORDS OR INFORMATION WHICH MAY REFER OR RELATE TO THIS APPLICATION FOR EMPLOYMENT, INCLUDING, BUT NOT LIMITED TO, RECORDS OF EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT OR CRIMINAL JUSTICE AGENCIES, AGENCIES MAINTAINING CHILD ABUSE RECORDS, AND PREVIOUS EMPLOYERS. I HEREBY RELEASE AND DISCHARGE THE EDUCATIONAL AGENCY RECEIVING THIS APPLICATION AND ANY RESPONSIBLE PERSON(S) EMPLOYED BY THE AGENCY FROM ANY AND ALL CLAIMS AND LIABILITY WHICH MAY HAVE OR EVER CLAIM TO HAVE RELATING TO INFORMATION PROVIDED TO THE EDUCATIONAL AGENCY AS PART OF THIS APPLICATION FOR EMPLOYMENT.

YES or NO (Circle Response)

Signature

I affirm that the preceding information is accurate and that I am aware that misrepresentation of information recorded on this application may be cause for immediate cancellation of any contract issued to me by the Richey School District & Lambert School District.

Signed _____ Date _____