

WHITEHALL SCHOOL DISTRICT 4-47-2



P. O. Box 1109  
1 West Yellowstone  
Whitehall, Montana 59759  
406-287-3455  
406-287-3843 FAX

EMPLOYMENT APPLICATION  
FOR  
COACHING PERSONNEL

AN EQUAL OPPORTUNITY EMPLOYER

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address: \_\_\_\_\_  
(Street/Box) (City) (State) (Zip Code)

Position for which you are applying \_\_\_\_\_

Date you are available for work \_\_\_\_\_

PERSONAL/PROFESSIONAL DATA

General Health \_\_\_\_\_ (A physical examination may be required)

Do you have any physical limitations that would affect the type of work to be performed? \_\_\_\_

If "YES", please explain: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If "yes", what? Where? \_\_\_\_\_

(Not necessarily a bar to employment.)

Do you claim veteran's preference? \_\_\_\_ Branch of Service \_\_\_\_\_ Dates of service \_\_\_\_\_

Are you employed at the present time? \_\_\_\_\_ If so, where? \_\_\_\_\_

Why are you leaving your present employment? \_\_\_\_\_

Whitehall School District #4-47-2 prefers that its coaches live in the school district. Is this a problem? \_\_\_\_ If so, why? \_\_\_\_\_ (Not being able to live in the district does not necessarily bar employment.)

EDUCATIONAL TRAINING

School Name & Location	Dates	Diploma/Degree/Course Completed

EMPLOYMENT EXPERIENCE

Please list most recent employer first.

Employer	Address	Grades/Subjects	Dates

SPECIAL JOB RELATED SKILLS

List any special skills or training which qualify you for the position sought

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REFERENCES

List 3 people who are not related to you, including employers and supervisors, who can provide information about your character, attitude and recent work experience.

Name	Phone Number	Official Position



I understand that in filing this application my work experience, character, attitude and related information is subject to investigation to determine the desirability of my employment with the Whitehall School District, and that this information will be kept confidential. I grant permission for such an investigation to be conducted.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_



I authorize a name-based and fingerprint criminal background investigation to determine if I have been convicted of certain criminal or drug offenses.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_



- ◆ You will be contacted if the administration determines an interview is desired.
- ◆ Incomplete applications will not be considered.
- ◆ All application materials are destroyed one month after closing date.

THANK YOU FOR YOUR INTEREST IN THE WHITEHALL SCHOOLS