

Date Hired: \_\_\_\_\_

Salary: \_\_\_\_\_

***Southern Fulton School District***  
**ATHLETIC DEPARTMENT: COACHING APPLICATION**

COACHING POSITION APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ CELL #: \_\_\_\_\_

OCCUPATION (AT PRESENT): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I. EDUCATIONAL BACKGROUND

A. HIGH SCHOOL: \_\_\_\_\_

B. COLLEGE: \_\_\_\_\_ DEGREE & MAJOR: \_\_\_\_\_

C. ACTIVITIES (BESIDES SPORTS): \_\_\_\_\_

II. PLAYING EXPERIENCE (LIST SPORTS AND NUMBER OF YEARS):

A. HIGH SCHOOL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. COLLEGE: \_\_\_\_\_  
\_\_\_\_\_

C. OTHERS: \_\_\_\_\_

III. COACHING EXPERIENCE (NOTE POSITIONS HELD)

A. ELEMENTARY: \_\_\_\_\_

B. MIDDLE SCHOOL: \_\_\_\_\_

C. SENIOR HIGH SCHOOL: \_\_\_\_\_

D. COLLEGE: \_\_\_\_\_

E. OTHER: \_\_\_\_\_

F. NONE \_\_\_\_\_

Date Hired: \_\_\_\_\_

Salary: \_\_\_\_\_

IV. PLEASE CHECK AND LIST EXPIRATION DATE OF EACH:

EXPIRATION DATE

- A. FIRST AID TRAINING \_\_\_\_\_
- B. CPR TRAINING \_\_\_\_\_
- C. AED TRAINING \_\_\_\_\_
- D. ATHLETIC TRAINING \_\_\_\_\_
- E. OTHERS \_\_\_\_\_

V. PLEASE ANSWER THE FOLLOWING QUESTIONS:

A. WOULD YOU BE ABLE TO ATTEND A 3:00 PM PRACTICE?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF NOT, WHY? \_\_\_\_\_

B. WOULD YOU BE ABLE TO ATTEND ALL GAMES?

YES \_\_\_\_\_ NO \_\_\_\_\_

C. ARE YOU AN EMPLOYEE OF THE SOUTHERN FULTON SCHOOL DISTRICT? YES \_\_\_\_\_ NO \_\_\_\_\_

D. WHAT IS YOUR PHILOSOPHY ON WINNING? \_\_\_\_\_

\_\_\_\_\_

E. WHAT IS YOUR PHILOSOPHY ON SPORTSMANSHIP? \_\_\_\_\_

\_\_\_\_\_

**REFERENCES** (PLEASE LIST TWO)

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AFFILIATION: \_\_\_\_\_ AFFILIATION: \_\_\_\_\_

PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE