

Margaretta Local Schools  
305 South Washington St.  
Castalia, OH 44824

**CLASSIFIED COACHING/SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Position(s) you are applying for: \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you hold a valid Pupil Activity Supervisor Permit from the Ohio Department of Education?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you CPR and Sports First Aid Certified? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had a BCI/FBI check done within the last year? BCI \_\_\_\_\_ FBI \_\_\_\_\_

Have you completed the Fundamental of Coaching class that is required by the OHSAA? \_\_\_\_\_

Coaching Positions you have held:

Position: \_\_\_\_\_ Where : \_\_\_\_\_ Years: \_\_\_\_\_

Position: \_\_\_\_\_ Where : \_\_\_\_\_ Years: \_\_\_\_\_

Position: \_\_\_\_\_ Where : \_\_\_\_\_ Years: \_\_\_\_\_

REFERENCES: - List below three (3) persons who are not related to you that can provide references for you:

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

Falsified statements made in the application would be grounds for dismissal.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

The Margaretta Local Board of education is an equal opportunity employer and as such prohibits discrimination because of race, color, religion, sex, handicap, or national origin. The Board of Education has also, by formal resolution, indicated its intention to comply with all provisions of TITLE IX of the Educational Amendments of 1972.