

# BAGDAD UNIFIED SCHOOL DISTRICT

P.O. BOX 427  
BAGDAD, ARIZONA 86321  
Phone – 928-633-4101 Fax – 928-633-4345

## Office Use Only

Rec'd on: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Interviewed: Yes / No (circle one)  
If Yes then follow through with an Interview Selection Form

Signed: \_\_\_\_\_

## APPLICATION FOR COACHING POSITION

### PERSONAL INFORMATION

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

|                            |                         |               |       |                        |
|----------------------------|-------------------------|---------------|-------|------------------------|
| Mr.<br>Mrs.<br>Miss<br>Ms. | _____                   | _____         | _____ | _____                  |
|                            | Last Name               | First         | MI    | Social Security Number |
|                            | _____                   | _____         | _____ | _____                  |
|                            | Address Street /Mailing | City          | State | Zip Code               |
|                            | _____                   | _____         | _____ | _____                  |
|                            | Phone                   | Email Address |       |                        |
|                            | _____                   | _____         |       |                        |

### Coaching position apply for

#### Boys

- Football
- Basketball
- Baseball

#### Girls

- Volleyball
- Basketball
- Softball

- Golf
- Track

Submission of resume recommended, not required.  
Application will be retained for one (1) year from date.

## An Equal Opportunity Organization

**The District does not discriminate on the basis of age, race, color, religion, sex, marital status, handicap, or national origin.**

### PERSONAL DATA (Please type or print)

When will you be available? \_\_\_\_\_

Other names used \_\_\_\_\_ Date of use \_\_\_\_\_

Previous mailing address \_\_\_\_\_  
Street City State Zip

Do you have a driver's license? \_\_\_\_\_ Commercial driver's license? \_\_\_\_\_

**EDUCATION AND TRAINING**

List schools attended and special training received.

Circle highest year completed      High School 9 10 11 12      College 13 14 15 16

| School  | Name | Location | Dates Attended | Year Graduated | Degree | Major Area of Study |
|---------|------|----------|----------------|----------------|--------|---------------------|
| High    |      |          |                |                |        |                     |
| College |      |          |                |                |        |                     |
| Other   |      |          |                |                |        |                     |

Describe additional training not listed above (i.e. trades schools, business schools, etc.)

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Provide information below for employer for at least the previous ten years with most recent experience first. (List employer's phone number)

| Dates Employed Month/Year | Employer's Name Address/Phone | Supervisor's Name | Reason For Leaving | Position Title |
|---------------------------|-------------------------------|-------------------|--------------------|----------------|
| From<br>To                |                               |                   |                    |                |
| From<br>To                |                               |                   |                    |                |
| From<br>To                |                               |                   |                    |                |

Please provide the month and year for each date provided. . If you are being considered for a coaching position, the District may contact your current and past employers.

**PERSONAL REFERENCES**

Give names and complete address of three (3) references that are familiar with your personality, character, and work habits. (Do not use relatives as references.)

| Name | Dates Known  | Occupation | Address | Phone |
|------|--------------|------------|---------|-------|
|      | From:<br>To: |            |         |       |
|      | From:<br>To: |            |         |       |
|      | From:<br>To: |            |         |       |



Please note that prior to hiring, you must submit a notarized statement attesting to the fact that you are not now awaiting trial on or have ever been convicted of or admitted in open court or pursuant to a plea agreement committing any of the crimes listed in A.R.S. 13-705. In conjunction with this you will submit fingerprints for a background check. The crimes required to be disclosed on the affidavit are:

A.R.S. 15-512(D)

- Sexual abuse of a minor
- Incest
- First or second degree murder
- Kidnapping
- Arson
- Sexual assault
- Sexual exploitation of a minor
- Felony offenses involving contributing to the delinquency of a minor
- Commercial exploitation of a minor
- Felony offenses involving sale, distribution, transportation of, or offer to; sell transport of or distribution of marijuana or dangerous or narcotic drugs
- Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotic drugs
- Misdemeanor offenses involving the possession or use of marijuana or dangerous drugs
- Burglary in the first degree
- Burglary in the second or third degree
- Aggravated or armed robbery
- Robbery
- A dangerous crime against children as defined in section 13-604.01\*\*\*
- Child abuse
- Sexual conduct with a minor
- Molestation of a child
- Voluntary manslaughter
- Aggravated assault
- Assault
- Exploitation of minors involving drug offenses

\*\*\*A.R.S. 13-705: "Dangerous Crime Against Children" means any of the following committed against a minor under the age of fifteen (15) years of age:

- Second Degree Murder
- Aggravated assault resulting in serious physical injury or committed by the use of a deadly weapon or dangerous instrument.
- Sexual assault
- Molestation of a child
- Sexual conduct with a minor
- Commercial sexual exploitation of a minor
- Child abuse as defined in 13-3623, subsection B
- Kidnapping
- Sexual abuse
- Taking a child for the purpose of prostitution
- Child prostitution
- Involving or using minors in drug offenses

| <b>CONVICTION INFORMATION</b> |       |                     |                     |
|-------------------------------|-------|---------------------|---------------------|
| 1. Conviction Charge          |       | Date of Conviction: | Court of Conviction |
| City                          | State | Amount of Fine      | Length of Jail Term |
| Remarks: _____                |       |                     |                     |
|                               |       |                     |                     |
|                               |       |                     |                     |

Bagdad Unified School District, #20  
Bagdad, Arizona

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_, Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_ F \_\_\_ M SSN: \_\_\_\_\_

I \_\_\_\_\_, do hereby authorize a review of and full disclosure and release of all records, or any part thereof, concerning myself, by and to the duly authorized agent of the BAGDAD UNIFIED SCHOOL DISTRICT, #20 (BAGDAD USD, BUSD 20) whether the said records are of a public and/or private nature.

The intent of this authorization is to give my consent for fully and complete disclosure of any and all records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against me, medical and/or psychological treatment information and/or records, records of complaint, arrest, trial, and/or convictions for alleged or actual violation of law, including criminal, civil, and /or traffic records; the results of any polygraph examinations and/or fingerprint check(s); records of complaint of a civil nature made by or against me, wherever located and to include the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case in which I presently have or have had an interest; employment and personnel records of any nature whatsoever and records and information relating in any way to my education training experience, qualifications, professional conduct, evaluation(s), advancement, demotion, termination, dismissal and /or job performance.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, and employment history, for the specific purpose of pursuing a background investigation, which may provide pertinent data to Bagdad USD for consideration in determining my suitability for employment. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein. I further understand this information will become the property of Bagdad USD and will not be returned to me, and I hereby waive and release any right to receive copies of any such documentation provided to Bagdad USD in connection with its background investigation.

I agree to release, remise, indemnify, defend, and hold harmless, the person or persons to whom this request is presented, as well as Bagdad USD and their respective agents, representatives, and/or employees, from and against all liability, demands, claims, damages, losses, and expenses, causes of actions, or possible causes of action whatsoever, arising out of or related to any loss, damage, or injury including reasonable attorney's fees and costs, arising out of their negligent acts or omissions by reason of their compliance with this request. I further understand that Bagdad USD will use information furnished in conjunction with employment procedures.

I understand and authorize the use of as many copies of this release as Bagdad USD deems necessary, so as to enable Bagdad USD to obtain the above outlined information, in light of the potential for numerous entities being contacted regarding my personal and employment information.

I further authorize Bagdad USD to provide any information obtained by it in connection with its background investigation to any other potential or actual employer, past, present, or future, upon request by such other employer, I also acknowledge that any provision, dissemination, and/or consideration of records and information, as set forth herein, shall be privileged and shall be deemed to be in good faith. I also agree and authorize that any court of competent jurisdiction may interpret and enforce the terms and provisions of this agreement and that a judge of such court may summarily rule, and enter judgment regarding the effect and intent of this agreement, and that there shall be no requirement that a jury be empanelled to interpret or enforce this agreement, except to the limited extent that the court determines that there are genuine issues of material fact precluding the judge's adjudication thereof; to the extent that any contrary rights or remedies may be available to me under applicable law, I hereby waive, release and relinquish any and all such rights and remedies in their entirety.

**APPLICANT MUST READ THIS ENTIRE DOCUMENT PRIOR TO SIGNING AND MUST SIGN THIS DOCUMENT IN THE PRESENCE OF A COMMISSIONED NOTARY PUBLIC. DO NOT SIGN THIS DOCUMENT IF YOU DO NOT UNDERSTAND IT.**

Under penalty of prosecution and dismissal, I hereby certify that the information presented on this application is true, accurate, and complete.

I authorize the investigation of all statements contained herein, and understand that any document relevant to this information may be reviewed by the agents of Bagdad Unified School District #20.

I authorize the Bagdad Unified School District #20 to make reference checks prior to employment and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed and the governing Board has officially approved my employment. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

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

Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

County of \_\_\_\_\_, State of Arizona.

\_\_\_\_\_  
Notary Signature



Notary Seal