

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 11

150 Highland Avenue - Gardiner, ME 04345

207. 582.5346 (TEL) - 207. 582.8305 (FAX)

www.msad11.org

APPLICATION FOR A COACHING POSITION

MSAD#11 does not discriminate in the operation of its educational employment policies and will honor all appropriate laws relative to discrimination

NAME: _____

DATE: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

TELEPHONE _____

What position (s) are you applying for? _____

When will you be available? _____

The State of Maine Department of Education requires all employees of school systems to obtain a Criminal History Record Check (CHRC) approval from the Department of Education. A copy of your current CHRC approval must be attached to this application. Candidates who do not hold Maine CHRC approval should direct an inquiry to the Maine Department of Education Division of Certification and Placement, 23 State House Station, Augusta, ME 04333-0023. Telephone 624-6603.

Serious consideration for employment will only be given to those applicants who hold current CHRC approval.

EXPERIENCE: Please list all previous experience, starting with the most recent

Experience/Employer (list name address and telephone number)

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If you have answered yes to any one of the previous questions, please explain, in detail, including the date of the court action, the offense in question, and the address of the court involved: _____

NOTE: Conviction of a crime is not an automatic bar to employment by M.S.A.D. #11.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the M.S.A.D. #11 contacts in connection with my employment application to fully provide the M.S.A.D. #11 any information on the matters set forth above. I expressly waive in connection with any request for a provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the M.S.A.D. #11, it's agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interview committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

(Signature)

(Date)

APPLICATION FOR COACHING CHECK LIST: The completed employment application cannot be evaluated unless all of the following materials have been provided:

- _____ Application form fully completed
- _____ YES to any of the questions in the Background section explained
- _____ Application signed
- _____ CHRC (Copy of) Certification attached

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF MSAD #11. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN ANY APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUND TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.