

STEAMBOAT SPRINGS SCHOOL DISTRICT RE-2  
P.O. Box 774368, Steamboat Springs, CO 80477  
Phone: 970-879-1530 Fax: 970-879-3943

**Coaching/Activity Sponsor Application**  
(Please complete in black ink)

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

**I. Personal Data**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

E-mail Address (Required): \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

**II. Employment Preferences**

Indicate below the level/subject combination (s) in which you are endorsed or qualified to teach.

ELEMENTARY (K-5)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

MIDDLE SCHOOL (6-8) Subject area preference

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

HIGH SCHOOL (9-12) Subject area preference

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**III. Educational Preparation**

Institution	State	Years Attended	Date Graduated	Major/Minor
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**IV. Licensure** (Attach Copy of Current License)

Colorado License (s) \_\_\_\_\_

Colorado Vocational Credential: \_\_\_\_\_

Out of State License (s) \_\_\_\_\_

REVISED 6/30/05

**V. Professional Experience**

**Student Teaching:**

School District \_\_\_\_\_ City & State \_\_\_\_\_  
Name of School \_\_\_\_\_ Phone Number \_\_\_\_\_  
Grade/Subject \_\_\_\_\_ Supervising Teacher \_\_\_\_\_  
Length of Experience \_\_\_\_\_ Date Completed \_\_\_\_\_

**Teaching Experience** (In reverse chronological order, list all post-secondary job experience.)

School	City/State	Grade/Subject Taught	Inclusive Dates From/To	Name & Number of Supervisor

**Employment Other Than Teaching** (List most recent first, including military service)

Employer	City/State	Position	Inclusive Dates From/To	Name & Number of Supervisor

**Volunteer Experience** (List most recent first.)

Organization	City/State	Position	Inclusive Dates From/To	Name & Number of Supervisor

**Extracurricular Activities**

List below clubs/activities you could direct or sponsor

List below sport (s) for which you are trained/qualified to coach


**VI. General Questions** (Please answer each of the questions below in your own handwriting using black ink. An additional sheet may be attached.)

1. What do you want to accomplish as a Steamboat Springs coach/sponsor?

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2. Describe your coaching/sponsor experience and how that experience has prepared you for success as a coach/sponsor at our schools. \_\_\_\_\_

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3. If given the opportunity to expand your role as coach/sponsor, what other duties and responsibilities do you see yourself taking on? \_\_\_\_\_

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4. What do you think would provide you the greatest pleasure in working as a coach/sponsor for the Steamboat School District? \_\_\_\_\_

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5. State briefly why you desire this particular position at our school? \_\_\_\_\_

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6. State briefly your philosophy of coaching/sponsoring activities and education. \_\_\_\_\_

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7. If you had differences in philosophy or style with your coaching/activity staff members, how would you resolve that situation? \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is there one part of the game/activity that you feel you would want to specialize in?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. Criminal History**

Have you ever been charged or convicted of a felony or misdemeanor? (If yes, describe.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all statements made on this application are true, accurate and complete. Any misrepresentation or willful omission of facts shall be sufficient cause for disqualification of the application or termination of employment. I hereby authorize the district or its agents to conduct work history, personal reference checks, background check and fingerprinting to verify statements on this application form and other materials provided as part of my application for this position.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The Steamboat Springs School District is an affirmative action-equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. Please direct inquiries to: Anne Muhme, Assistant to the Superintendent, P. O. Box 774368, Steamboat Springs, CO 80477, 970-879-1530.



Background Information Services, Inc.

Notification Form

The purpose of this form is to notify you that a consumer report (CRIMINAL/TRAFFIC/WORKERS COMPENSATION) will be run on you in the course of consideration for employment with:

STEAMBOAT SPRINGS SCHOOL DISTRICT RE-2

Please Print or Type

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Present Address \_\_\_\_\_

LIST ALL FORMER ADDRESSES FOR THE LAST 5 YEARS, INCLUDE CITY, STATE, ZIPCODE AND DATES

- 1. \_\_\_\_\_ Dates: \_\_\_\_\_
2. \_\_\_\_\_ Dates: \_\_\_\_\_
3. \_\_\_\_\_ Dates: \_\_\_\_\_
4. \_\_\_\_\_ Dates: \_\_\_\_\_
5. \_\_\_\_\_ Dates: \_\_\_\_\_
6. \_\_\_\_\_ Dates: \_\_\_\_\_
7. \_\_\_\_\_ Dates: \_\_\_\_\_

In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting the above information.

I authorize the procurement of my Colorado worker's compensation files or any other states worker's compensation files. I also authorize a consumer credit report to be run. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

Applicant's Signature

Date

**STATE OF COLORADO**  
DIVISION OF WORKERS' COMPENSATION

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**AUTHORIZATION AND RELEASE OF INFORMATION TO THIRD PARTIES**  
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RE:

Claimant Name: \_\_\_\_\_

Claimant SSN: \_\_\_\_\_

Claimant Date of Birth: \_\_\_\_\_

Requestor Name(s): **BACKGROUND INFORMATION SERVICES, INC.**  
**AS AGENT FOR STEAMBOAT SPRINGS SCHOOL DISTRICT RE-2**

THE ABOVE REFERENCED CLAIMANT AUTHORIZES LIMITED ACCESS TO ALL WORKER'S COMPENSATION FILES ON RECORD AS STATED BELOW. THIS AUTHORIZATION SHALL REMAIN IN EFFECT FOR NINETY DAYS FROM DATE OF CLAIMANT'S SIGNATURE, UNLESS CLAIMANT NOTIFIES THE DIVISION OF WORKER'S COMPENSATION IN WRITING BEFORE SUCH TIME, THAT CLAIMANT IS REVOKING SAID AUTHORIZATION.

**INFORMATION PROVIDED SHALL BE LIMITED TO:**

**WORKERS' COMPENSATION NUMBER**  
**DATE OF INJURY**

PART OF BODY

**EMPLOYER**

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I understand that information regarding my worker's compensation history is for the purpose of making certain that I am not hired for a position or assigned a job function that could aggravate a previous injury. I further understand that in compliance with the Americans with Disabilities Act, my worker's compensation history will only be investigated by prospective employer and/or their agent, Background Information Services, Inc, after a conditional offer of employment has been extended to me.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**NOTARIZATION IS REQUIRED**

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

by \_\_\_\_\_  
\_ (PRINT NAME OF CLAIMANT)

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ My commission expires: \_\_\_\_\_

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As representative of prospective employer, \_\_\_\_\_, I attest that a conditional offer of employment has been made to the above named applicant.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Title of Representative

\_\_\_\_\_  
Date