SPORTS COACHES/AIDES/ACTIVITIES SPONSORS

PLATTE COUNTY SCHOOL DISTRICT #1

Personal Data Form

Name: _____

(Last) (First) (MI)

Social Security Number: _____

Phone Number: (Cell) _____ (Other) _____

Address: _____

Permanent Address: _____

Position Applying For: _____

Certification Status (If applicable to position applied for):

- ☐ Not Certified
- ☐ Have Made Application
- ☐ Plan to Make Application
- ☐ Have Current CPR/First Aid Training Expiration Date: _____
- ☐ Have Valid Wyoming Coaching Certification in: _____

Prior Experience: _____

_____

_____

_____

Areas You Consider Your Strong Areas: _____

_____

_____

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. If necessary for employment in a specific position, you may be required to have a physical examination, drug screen, or to provide evidence of citizenship.

Signature: _____ Date: _____

EQUAL OPPORTUNITY EMPLOYMENT

There will be no discrimination in the employment of staff with regard to race, religion, color, national origin, gender, marital status, or disability.