

**LaCrosse/Washtucna Sports Program
Coaching
Application for Employment**

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Social Security Number _____ Date Applying _____

EDUCATIONAL TRAINING

High School _____ Location _____ Graduation Date _____
College or University _____ Graduation Date _____
Major(s) _____ Minor _____
Other _____

SPORTS PARTICIPATION

High School	Years	Letter Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
College		
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELATED EXPERIENCES (sports, recreation, coaching, etc.)

CURRENT EMPLOYMENT STATUS

REFERENCES (Give name, position, address, and phone)

1. _____
2. _____
3. _____

Are you 18 years of age or older? Yes _____ No _____
Do you have a valid Washington State Teaching Certificate? Yes _____ No _____
Do you have a valid Health (TB) Certificate? Yes _____ Date _____ No _____
Are you a U.S. Citizen? Yes _____ No _____
Return to: Washtucna School District, P.O. Box 688, Washtucna, WA 99371