



Saint Joseph School

1000 Ululani Street
Hilo, Hawaii 96720-3999
www.sjshilo.com



Athletic Department Job Application

Name: _____

Address: _____ Phone: _____

Cell #: _____ Email Address: _____

Coaching position(s) applying for: _____

Have you ever applied to or been employed by this conference? _____

If so, when? _____

Education :

High School: _____ Location: _____

College or University: _____ Location: _____

Degrees: _____

Certifications: (i.e. First Aid, CPR, Coaching Certificates that apply): _____

Coaching Experience:

School/Club	Level	Position	From	To

Coaching References:

Name	Position	Address	Phone

Philosophy (Explain briefly)

Sportsmanship:

Discipline:

Winning:

Your Sports Participation:

High School: _____ #Years ____ Club: _____ #Years: _____

College or University: _____ #Years _____

Related Experience: _____

Give any additional information that may reflect upon your candidacy:

My signature below indicates that I have completed this application accurately and truthfully. I understand that misrepresentation of factual information herein is cause for termination as a volunteer coach.

Signature: _____

Date: _____

DO NOT WRITE IN THIS SPACE – FOR ADMINISTRATIVE USE ONLY

Assignment(s) _____ JV _____ Varsity _____

Effective Dates: From _____ To _____

Signature of Administrator: _____ Approved Date: _____