



P.O. Box 1103, Asheboro, NC 27204-1103 ■ 1126 S. Park St. ■ (336) 625-5104 ■ (336) 625-9238, fax

Application for Non-Faculty Coach/Assistant

Date: _____

Name: _____
First _____ *Middle* _____ *Last* _____

Permanent Address:

Street

City

State

Zip Code

Requested School			
Sport(s)			
Social Security No.			
Cell/Home Phone No.			
Email Address			

Education *Name & Location of Institution* *Dates* *Major* *Diploma/Degree*

High School: _____

College: _____

Other: _____

Previous Employment (List all employment starting with the most current employment first.)

Dates Employed	Employer	Address/Phone No.	Job Title	Supervisor



P.O. Box 1103, Asheboro, NC 27204-1103 ■ 1126 S. Park St. ■ (336) 625-5104 ■ (336) 625-9238, fax

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Do you have a current North Carolina Driver's License?

Yes No

2. Have you had a drivers' license for at least six months?

Yes No

3. Do you have a current NC Bus Driver's License?

Yes No

4. Have you ever been convicted of a felony?

Yes No

If yes, please explain:

5. Have you ever been suspended, dismissed, fired or discharged from a position of employment?

Yes No

6. Have you ever been subject to disciplinary action during a period of your employment?

Yes No

7. Have you ever been asked to resign from a position of employment?

Yes No

8. Have you ever been convicted, pleaded nolo contendere (no contest), received a prayer for judgement continued, deferred prosecution to any violation of the law other than minor traffic tickets?

Yes No

9. Do you have any criminal charges or procedures pending?

Yes No

10. Are you a US Citizen or Alien with work Authorization?

Yes No

11. If you are a male who is 18 through 25 years of age, are you registered with selective service?

Yes No



P.O. Box 1103, Asheboro, NC 27204-1103 ■ 1126 S. Park St. ■ (336) 625-5104 ■ (336) 625-9238, fax

Previous Employment References (List a minimum of (3) references)

Name	Position	Employer	Phone #

Please use this space below to provide any information that you feel would give additional support to your application:

APPLICANT'S WAIVER/RELEASE

I understand that any false information given on the application will be considered sufficient grounds for immediate termination of approval as a non-faculty coach/assistant.

I understand that pursuant to **Asheboro City Board of Education Policy 7240: Drug-Free and Alcohol-Free Workplace, and Policy 7300: Staff Responsibilities**, I am required to report any criminal convictions of drug or alcohol related charges in writing to my supervisor no later than the next scheduled business day. I also understand that per Board Policy 7240, "Conviction" includes the entry in a court of law or military tribunal of: (1) a plea of guilty, nolo contendere (no contest or the equivalent); (2) a verdict or finding of guilty; or (3) a prayer for judgment continued ("PJC") or a deferred prosecution.

I hereby expressly authorize the Asheboro City Board of Education, its agents and employees to make any investigation of my personal or employment history, expressly including, but not limited to federal and/or state criminal, law enforcement or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give the Board of Education, its agents or employees, any information they may have regarding me. In consideration of the review of my application by the Asheboro City Board of Education, its agents or employees, I hereby release the Board of Education and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information.

SIGNATURE: _____ **DATE:** _____



P.O. Box 1103, Asheboro, NC 27204-1103 ■ 1126 S. Park St. ■ (336) 625-5104 ■ (336) 625-9238, fax

Confidential Reference Form - Non-Faculty Coach

_____ has applied to work as a non-faculty coach/assistant in Asheboro City
(applicant's name)

Schools. We would appreciate your completing this reference form and returning it so that we may make a decision on the applicant's ability to fulfill the responsibilities required for non-faculty coaches. The information you provide will be confidential. Thank you.

Part I

(Part I should be completed by the applicant and presented to the reference for completion of Part II)

Two (2) completed reference forms are required.

Name of Applicant (printed) _____

School Requested _____

Applicant Waiver:

I waive my rights to the information provided in this reference and understand that any information provided is confidential and may not be shared with me.

Applicant Signature: _____ Date: _____

Part II

(Part II is to be completed by the person serving as a reference)

Please note the waiver statement above. To ensure confidentiality, ***please complete the reference form and place it in an envelope, seal, and write your name across the sealed envelope.*** The sealed envelope may be returned to the applicant to submit with his/her application.

How long have you known this applicant? _____

In what relationship? _____

Describe major strengths of the applicant.



P.O. Box 1103, Asheboro, NC 27204-1103 ■ 1126 S. Park St. ■ (336) 625-5104 ■ (336) 625-9238, fax

Please rate the applicant on the following traits by placing a check in the appropriate column.

	Excellent	Good	Fair	Poor	Not Known
Character					
Dependability					
Initiative					
Maturity					
Judgment					
Quality of Work/Performance					
Honesty and Integrity					
Ability to Work with Others					
Ability to Follow Instructions					
Ability to Accept Criticism					
Concern for Others					
Communications Skills					
Attendance					
Understanding Children/Youth					
Organizational Skills					
Punctuality					



P.O. Box 1103, Asheboro, NC 27204-1103 ■ 1126 S. Park St. ■ (336) 625-5104 ■ (336) 625-9238, fax

Is there any circumstance about the applicant's background that would call into question the advisability of entrusting this person with the supervision and guidance of young people? If so, please explain.

Would you recommend this applicant to work with students as a non-faculty coach in Asheboro City Schools?

Yes No

Please include any additional information you deem would be beneficial in consideration of this applicant as a non-faculty coach.

Name of Person Providing Reference: _____

Company/Organization: _____

Telephone Number: _____

Signature _____ **Date** _____

Note to provider of reference: After completing the reference form, please place it in an envelope, seal, and write your name across the sealed envelope and return to the applicant. If you prefer, you may give the reference directly to the school principal, or you may mail the completed reference form to:

Gayle E. Higgs, Chief Human Resource & Support Services Officer

Asheboro City Schools Central Office

PO Box 1103

Asheboro, NC 27204



P.O. Box 1103, Asheboro, NC 27204-1103 ■ 1126 S. Park St. ■ (336) 625-5104 ■ (336) 625-9238, fax

Confidential Reference Form - Non-Faculty Coach

_____ has applied to work as a non-faculty coach/assistant in Asheboro City
(applicant's name)

Schools. We would appreciate your completing this reference form and returning it so that we may make a decision on the applicant's ability to fulfill the responsibilities required for non-faculty coaches. The information you provide will be confidential. Thank you.

Part I

(Part I should be completed by the applicant and presented to the reference for completion of Part II)

Two (2) completed reference forms are required.

Name of Applicant (printed) _____

School Requested _____

Applicant Waiver:

I waive my rights to the information provided in this reference and understand that any information provided is confidential and may not be shared with me.

Applicant Signature: _____ Date: _____

Part II

(Part II is to be completed by the person serving as a reference)

Please note the waiver statement above. To ensure confidentiality, ***please complete the reference form and place it in an envelope, seal, and write your name across the sealed envelope.*** The sealed envelope may be returned to the applicant to submit with his/her application.

How long have you known this applicant? _____

In what relationship? _____

Describe major strengths of the applicant.



P.O. Box 1103, Asheboro, NC 27204-1103 ■ 1126 S. Park St. ■ (336) 625-5104 ■ (336) 625-9238, fax

Please rate the applicant on the following traits by placing a check in the appropriate column.

	Excellent	Good	Fair	Poor	Not Known
Character					
Dependability					
Initiative					
Maturity					
Judgment					
Quality of Work/Performance					
Honesty and Integrity					
Ability to Work with Others					
Ability to Follow Instructions					
Ability to Accept Criticism					
Concern for Others					
Communications Skills					
Attendance					
Understanding Children/Youth					
Organizational Skills					
Punctuality					



P.O. Box 1103, Asheboro, NC 27204-1103 ■ 1126 S. Park St. ■ (336) 625-5104 ■ (336) 625-9238, fax

Is there any circumstance about the applicant's background that would call into question the advisability of entrusting this person with the supervision and guidance of young people? If so, please explain.

Would you recommend this applicant to work with students as a non-faculty coach in Asheboro City Schools?

Yes No

Please include any additional information you deem would be beneficial in consideration of this applicant as a non-faculty coach.

Name of Person Providing Reference: _____

Company/Organization: _____

Telephone Number: _____

Signature _____ **Date** _____

Note to provider of reference: After completing the reference form, please place it in an envelope, seal, and write your name across the sealed envelope and return to the applicant. If you prefer, you may give the reference directly to the school principal, or you may mail the completed reference form to:

Gayle E. Higgs, Chief Human Resource & Support Services Officer

Asheboro City Schools Central Office

PO Box 1103

Asheboro, NC 27204