



**RICHLAND SCHOOL DISTRICT TWO
RECOMMENDATION FOR NON-EMPLOYEE COACH**

I would like to recommend the following individual to work as a non-employee coach in Richland Two's athletic programs:

Name: _____ SSN: _____

Date of Birth: _____ School Location: _____

Activity to be Coached: _____

Circle One: Volunteer or Non-District (paid supplement)

I hereby acknowledge that I will maintain an acceptable Non-Employee Coach Application and at least two acceptable professional references on all individuals that are not District employees yet are providing athletic services at my school or location. No individual will be allowed to work in my school's athletic programs without prior approval from the District's Human Resources Department.

Principal or Authorized Administrator

Date

DISTRICT OFFICE USE ONLY:

CRIMINAL BACKGROUND CHECK COMPLETED: _____

SEX OFFENDER REGISTRY CHECK COMPLETED: _____

NON-EMPLOYEE COACH IS _____ APPROVED _____ NOT APPROVED

SIGNATURE: _____ DATE: _____



RICHLAND TWO NON-EMPLOYEE COACH APPLICATION

6831 Brookfield Road, Columbia, SC 29206

NAME: _____ SEX: M / F (Optional)

ADDRESS: _____

PHONE (home): _____ (work): _____ E-MAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HOW LONG HAVE YOU BEEN A RESIDENT OF SOUTH CAROLINA? _____

PLEASE LIST THE SCHOOL(S) THAT YOUR CHILDREN ATTEND IN OUR DISTRICT, IF APPLICABLE:

1. _____ 2. _____

3. _____ 4. _____

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION OR BAD CHECK CHARGE?

____ NO ____ YES IF YES: state the nature, date and place of conviction: _____

EMERGENCY CONTACT:

NAME: _____ ADDRESS: _____

PHONE: _____ RELATION: _____

COACHING PREFERENCES:

COACHING AVAILABILITY: Monday ____ Times ____ Tuesday ____ Times ____

Wednesday ____ Times ____ Thursday ____ Times ____ Friday ____ Times ____

HAVE YOU EVER WORKED IN THIS DISTRICT? _____ IF YES, WHEN? _____

IF YES, WHAT WAS YOUR POSITION? _____

PREVIOUS COACHING EXPERIENCE: _____

WORK HISTORY:

EMPLOYER: _____ **FROM:** _____ **TO:** _____

ADDRESS: _____ **PHONE #** _____

JOB TITLE: _____ **REASON FOR LEAVING:** _____

NAME AND TITLE OF SUPERVISOR: _____

PLEASE DESCRIBE DUTIES OF POSITION: _____

EMPLOYER: _____ **FROM:** _____ **TO:** _____

ADDRESS: _____ **PHONE #** _____

JOB TITLE: _____ **REASON FOR LEAVING:** _____

NAME AND TITLE OF SUPERVISOR: _____

PLEASE DESCRIBE DUTIES OF POSITION: _____

EMPLOYER: _____ **FROM:** _____ **TO:** _____

ADDRESS: _____ **PHONE #** _____

JOB TITLE: _____ **REASON FOR LEAVING:** _____

NAME AND TITLE OF SUPERVISOR: _____

PLEASE DESCRIBE DUTIES OF POSITION: _____

REFERENCES (DO NOT LIST RELATIVES):

• **NAME:** _____ **OCCUPATION/TITLE:** _____

ADDRESS: _____ **PHONE #** _____

• **NAME:** _____ **OCCUPATION/TITLE:** _____

ADDRESS: _____ **PHONE #** _____

MY SIGNATURE BELOW AUTHORIZES RICHLAND DISTRICT TWO TO CONDUCT A BACKGROUND INVESTIGATION AND AUTHORIZES RELEASE OF INFORMATION IN CONNECTION WITH MY APPLICATION TO COACH IN THE DISTRICT AS NEEDED. THIS INVESTIGATION WILL INCLUDE A CRIMINAL RECORD HISTORY CHECK THROUGH THE S.C. LAW ENFORCEMENT DIVISION (SLED) AND MAY INCLUDE INFORMATION FROM SOURCES SUCH AS PREVIOUS EMPLOYERS AND PERSONAL REFERENCES AND OTHER APPROPRIATE AGENCIES OR INDIVIDUALS. I WAIVE MY RIGHT OF ACCESS TO ANY SUCH INFORMATION. WITHOUT LIMITATION, I HEAREBY RELEASE THE SCHOOL DISTRICT AND ALL REFERENCE AND DATA SOURCES FROM ANY LIABILITY IN CONNECTION WITH THE RELEASE OR USE OF THIS INFORMATION. I FURTHER UNDERSTAND THAT ALL NON-EMPLOYEE COACH APPLICATION MATERIALS AND INFORMATION FROM ALL SOURCES BECOME THE PROPERTY OF RICHLAND SCHOOL DISTRICT TWO. FURTHERMORE, I CERTIFY THAT I HAVE MADE TRUE, CORRECT AND COMPLETE ANSWERS AND STATEMENTS ON THIS APPLICATION FOR COACHING WORK IN THE KNOWLEDGE THAT THIS INFORMATION MAY BE RELIED UPON IN CONSIDERING MY APPLICATION.

SIGNATURE: _____ **DATE:** _____

PREVIOUS ADDRESS INFORMATION SHEET

NAME: _____
(LAST) (FIRST) (MIDDLE)

ALIAS/MAIDEN NAME _____

- I have resided in South Carolina for the past 5 years.
- I have not been a resident of South Carolina for the past 5 years. Your previous out-of-state address is required.

(1) _____ Date _____
(ADDRESS) (MONTH AND YEAR)

(CITY) (STATE) (ZIP CODE)

(2) _____ Date _____
(ADDRESS) (MONTH AND YEAR)

(CITY) (STATE) (ZIP CODE)

(3) _____ Date _____
(ADDRESS) (MONTH AND YEAR)

(CITY) (STATE) (ZIP CODE)

(4) _____ Date _____
(ADDRESS) (MONTH AND YEAR)

(CITY) (STATE) (ZIP CODE)

Signature

Date



RICHLAND SCHOOL DISTRICT TWO

Criminal History Release Form

When I submitted an application for employment with Richland School District Two, I authorized Richland School District Two to conduct a background investigation and I authorized the release of information in connection with my application for employment. In signing below, this is to confirm that I authorize any state or local law enforcement division in the country to release all criminal record information pertaining to me to Richland School District Two.

Full Name (print: Last, First, and Middle Name)

Alias/Maiden names

Address

City

State

Zip Code

Month, Day and Year of Birth

Social Security Number

Signature

Date

RICHLAND TWO NON-EMPLOYEE COACH REFERENCE FORM

6831 BROOKFIELD ROAD COLUMBIA, SC 29206

The individual listed below is applying to work as a Non-Employee Coach in Richland School District Two. Please give your most candid opinion of this individual. Your reply will be considered strictly confidential.

NAME OF PROSPECTIVE COACH: _____

NAME OF REFERENCE: _____

TITLE/OCCUPATION OF REFERENCE: _____

EMPLOYER OF REFERENCE: _____

TELEPHONE # OF REFERENCE: _____

	Poor	Below Average	Average	Excellent	Superior
CHARACTER					
DEPENDABILITY					
COOPERATION					
JUDGMENT					
MATURITY					

FOR HOW LONG HAVE YOU KNOWN THIS INDIVIDUAL? _____

HAS THIS PERSON WORKED WITH YOU? _____ IF YES, FOR HOW LONG? _____

HAVE YOU SUPERVISED THIS INDIVIDUAL'S WORK? _____

WHY DID THIS INDIVIDUAL LEAVE YOUR EMPLOYMENT? _____

IF THIS PERSON WERE APPLYING TO WORK WITH YOUR ORGANIZATION, WOULD YOU HIRE THEM?

DO YOU KNOW OF ANY REASON WHY THIS DISTRICT SHOULD NOT ALLOW THIS PERSON TO WORK WITH STUDENTS AS A COACH IN OUR DISTRICT?

WHAT DO YOU CONSIDER THIS INDIVIDUAL'S STRONGEST POINT?

WHAT DO YOU CONSIDER THIS INDIVIDUAL'S WEAKEST POINT?

COMMENT: _____

SIGNATURE OF PERSON COMPLETING FORM

DATE

PLEASE RETURN YOUR COMPLETED FORM TO THE ATHLETIC DIRECTOR OF THE SCHOOL APPLYING FOR.

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