



# Triad Local Schools

7920 Brush Lake Road, N. Lewisburg, OH 43060  
 Phone: 937-826-4961 Fax: 937-826-3281

## Supplemental Athletic Application

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street P.O. Box City State Zip Code

Position for which you are applying: \_\_\_\_\_

1. State your philosophy of high school athletics:
  
  
  
  
  
  
  
  
2. State your philosophy on coaching:
  
  
  
  
  
  
  
  
3. State your philosophy concerning a summer sports program:
  
  
  
  
  
  
  
  
4. State your beliefs relative to rules, regulations and organization of the high school athletic program for which you are applying:
  
  
  
  
  
  
  
  
5. Please indicate your needs regarding practice time (length and number of practices in a normal week) and practice in relation to holidays and inclement weather days.

6. State your experience in coaching including grade level and win/loss record.
  
7. State your opinion on awards. (Should awards be given? What type of awards? What criteria used?)
  
8. How would you handle public relations in reference to athletics?
  
9. Describe how you would work with cheerleaders and cheerleader advisors:

**Mandates for all coaching positions: SEE THE ATHLETIC DIRECTOR FOR MORE INFORMATION ON THESE REQUIREMENTS.**

1) Current and completed application	5) Current pupil activity certificate
2) AED and CPR training	6) NFHS Concussion Training
3) BCI / FBI result (background checks)	7) Bloodborne pathogens training
4) Fundamentals of Coaching training	8) Free of TB affidavit

**YOU WILL NOT BE APPROVED BY THE TRIAD BOARD OF EDUCATION NOR WILL YOU BE ALLOWED TO BEGIN COACHING RESPONSIBILITIES UNTIL THESE MANDATES HAVE BEEN MET.**

I have read and understand the requirements necessary for all Triad Local School coaching staff. I hereby certify that the answers on this application are true and correct to the best of my knowledge and belief, and that any deliberate misrepresentation of facts contained herein may be grounds for invalidating any contract commitments resulting from this application. I understand that my employment will be subject to the laws of the State of Ohio and to the job descriptions and policies adopted by Triad Local Schools Board of Education.

**NOTICE:  
ALL "POSSIBLE" (VERBALLY APPROVED) TRIAD EMPLOYEES MUST SUBMIT TO B.C.I. AND F.B.I. BACKGROUND CHECKS. NO BOARD ACTION WILL BE TAKEN TO HIRE ANY INDIVIDUAL UNTIL THE RESULTS HAVE BEEN RECEIVED BY THE DISTRICT.**

I understand that "possible" employment is contingent upon my B.C.I and F.B.I. background reports received by the district through National Web Check. I also understand that the "possible" employment by Triad Board of Education SHALL BE VOID without further act by either party and that my possibility of employment will terminate immediately if either background report identifies a conviction for any offense pursuant to Ohio Revised Code 3319.311.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_