



TOWN OF VERNON

14 PARK PLACE VERNON, CT 06066
Tel: (860) 870-3675
Fax: (860) 870-3580

Town of Vernon Coaching Application

Name: _____ Date: _____

Address: _____
no. street city/town state/zip code

Phone (day): _____ (evening): _____

Are you at least 18 years of age? _____ Y _____ N

POSITION APPLYING FOR: _____ Head Coach _____ Assistant Coach _____ Volunteer Coach

Coaching Certification: _____ CPR/First Aid _____ Exp. Date _____

Other Certifications: _____

1. Coaching Experience:

2. Coaching Philosophy:

3. Playing Experience:

4. List 2 personal references (excluding relatives) and phone numbers:

a. _____ phone: _____

b. _____ phone: _____



TOWN OF VERNON

For the following question, exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§ 46b-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have never been arrested and may swear so under oath.

Have you ever been convicted of a law violation other than a minor traffic offense: Yes No

If yes, please explain: _____

For purposes of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are not considered minor traffic offenses.

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain:

Are you a United States citizen or are you authorized to work in the United States: Yes No

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CERTIFICATION

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I further certify that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. I understand that any misrepresentation, omission or falsification may be grounds for rejection of my application or, in the event that I am selected, immediate removal.

I authorize the Town of Vernon to contact all of the personal references listed in this application and others the Town may deem necessary to contact to obtain information related to my coaching application. I authorize all such contacts noted above to provide information to the Town of Vernon and I hereby release the Town of Vernon and all such persons and/or entities supplying such information from any and all liability and/or damages arising out of the release or use of such information.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: _____