



**Lebanon City Schools**  
**700 Holbrook Avenue, Lebanon, Ohio 45036-1648**  
**Phone (513) 934-5770 - Fax (513) 932-5906**

*As Applicable Return To:*  
**Lebanon High School**  
**1916 Drake Road**  
**Lebanon, OH 45036**

*Application for*  
**Coaching/Volunteer**  
**Coach/Supplemental**  
**Assignment Position**

*As Applicable Return To:*  
**Lebanon Junior High School**  
**160 Miller Road**  
**Lebanon, OH 45036**

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

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street & Number, City, State, Zip Code

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street & Number, City, State, Zip Code Cell Phone

Person to contact if not available at above addresses: \_\_\_\_\_  
Telephone

**POSITION APPLIED FOR:**

( ) Junior High School (7-8) ( \_\_\_\_\_ )  
Name Sport or Supplemental Position

( ) High School (9-12) ( \_\_\_\_\_ )  
Name Sport or Supplemental Position

*Date Available* \_\_\_\_\_

**OHIO CERTIFICATIONS:**

Do you have a current CPR certification? \_\_\_\_\_YES \_\_\_\_\_NO

Do you hold a valid Pupil Activity Permit? \_\_\_\_\_YES \_\_\_\_\_NO If YES, please attach a copy... If you have answered NO have you applied for one with ODE? \_\_\_\_\_YES \_\_\_\_\_NO

Are you currently employed with a public school district in OHIO? \_\_\_\_\_YES \_\_\_\_\_NO If so, in what capacity?

**COACHING or POSITION RELATED EXPERIENCE:**

Total in years _____	Middle School/Jr. High _____	High Schools _____	If Retired: STRS _____ SERS _____
----------------------	------------------------------	--------------------	-----------------------------------

List below the places where you have Coached or held related Supplemental Position:

SCHOOL & LOCATION	GRADE LEVEL	SPORT or SUPPLEMENTAL POSITION	DATES	PAID OR VOLUNTEER

Experience with children (other than coaching)

---



---



---



---

NON-COACHING WORK EXPERIENCE:

BUSINESS	LOCATION	KIND OF WORK PERFORMED	LENGTH OF SERVICE

**EDUCATIONAL PREPARATION:**

High School \_\_\_\_\_  
(Name and Location) (Dates Attended) (Date of Graduation)

Undergraduate School: \_\_\_\_\_  
Dates Attended Major Degree Date Earned or Expected

---



---



---

Graduate School: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Quarter hours are reduced by 2/3 to equal semester hours) . . . . TOTAL SEMESTER HOURS \_\_\_\_\_

**REFERENCES:** List at least **THREE** professional references.

**EXPERIENCED COACHES/ADVISORS MUST INCLUDE THE NAMES OF PRINCIPALS AND ATHLETIC DIRECTORS, FOR WHOM THEY HAVE WORKED, INCLUDING THE MOST RECENT.**

**A. Professional References**

Name	Street, City, State, Zip	Position or Occupation	Phone
1.			
2.			
3.			

**B. Personal References**

Name	Street, City, State, Zip	Position or Occupation	Phone
1.			
2.			

---

**DIRECTIONS:** In your own handwriting, please answer the following questions.

1. What do you want to accomplish as a Coach/Advisor?

---

---

---

---

---

---

---

---

---

---

2. Describe a "Typical practice" and include in your answer your practice philosophy.

---

---

---

---

---

---

---

---

---

---

3. A parent comes to you and complains that their child is not getting enough playing time. How would you respond?

---

---

---

---

---

---

---

---

---

---

Have you ever been convicted for other than a minor traffic violation? If yes, please provide details. ( ) Yes ( ) No

---

---

Have you ever been terminated, non-renewed, or asked to resign from a previously held position? If yes, please provide details. ( ) Yes ( ) No

---

---

Are you authorized to be employed in the United States in compliance with applicable citizenship or immigration requirements? ( ) Yes ( ) No

**PLEASE ATTACH A COPY OF YOUR PUPIL ACTIVITY PERMIT.**

**PLEASE FOLLOW INSTRUCTIONS FOR THE ONLINE TEACHER INSIGHT INTERVIEW (if you are a certified teacher) AND A COMPLETED NETWORK USER AGREEMENT (ATTACHED) FOR YOUR APPLICATION TO BE COMPLETE.**

I certify that the information that I have supplied on this application is accurate to the best of my knowledge. I further grant permission to the Lebanon City Schools to make inquiries about my professional qualifications for the position(s) I am seeking. I voluntarily give Lebanon City Schools Board of Education permission to make a thorough investigation of my past educational training and employment. I release from all liability or responsibility all persons, companies or universities/schools supplying information about me. The Board of Education also has permission to conduct an inquiry of criminal conviction records. I also understand that as a part of the Board of Education employment procedures, all applicants will be required to undergo a post offer, pre-employment drug/alcohol screening. I understand that a personal interview is required prior to employment. I understand that falsification of information on this application shall be grounds for non-consideration or dismissal.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

THIS DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE IN HIRING OR EMPLOYMENT PRACTICES ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, MILITARY STATUS, SEX, DISABILITY, AGE OR RELIGION. A CRIMINAL RECORDS CHECK AND SET OF FINGERPRINT IMPRESSIONS IS A PRECONDITION TO EMPLOYMENT IN THE DISTRICT.



**Lebanon City Schools**  
700 Holbrook Avenue, Lebanon, Ohio 45036-1648  
Phone (513) 934-5770 - Fax (513) 932-5906

---

### **Instructions for TeacherInsight Interview (If you are a certified teacher)**

We would like to invite you to take the TeacherInsight on-line survey. This multiple choice interview will tell us more about your beliefs and attitudes about teaching and learning. Please follow these simple steps:

1. Go to this website to take the interview:  
<https://gx.gallup.com/teacherinsight.gx>
2. Enter our district code **3782**.
3. Enter your Social Security Number.
4. Begin the assessment.
5. The questions are timed. Once you move on from a question, you are not allowed to go back.
6. The entire assessment takes approximately ½ hour.
7. Your score will be sent to our office.



**LEBANON CITY SCHOOLS**  
**Employee Network and Internet Acceptable Use and Safety Agreement**

The primary purpose of the network is to provide resources to enhance and support educational instruction through the collaboration and exchange of information. Use of the Internet is a privilege not a right. The District's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use may result in disciplinary action and/or termination. It is widely known that the internet has resources available that are inappropriate for a school setting. To ensure proper use of the district and/or voice-video-data network resources, the following rules and regulations apply to all staff members:

A. The use of the network is a privilege which may be revoked by the district at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of the system software, the placing of unauthorized information, accessing materials which are inappropriate for the school setting, computer viruses or harmful programs on or through the computer system in either public or private files or messages.

B. Any misuse of the account will result in suspension of the account privileges and/or other disciplinary action determined by the district. Misuses shall include, but not be limited to:

- (1) misrepresenting other users on the network;
- (2) disrupting the operation of the network through abuse of the hardware or software;
- (3) malicious use of the network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks;
- (4) interfering with others' use of the network;
- (5) illegal installation, copying, or use of licensed copyrighted software.

C. Employees will be liable to pay the cost or fee of any file, shareware, or software transferred, whether intentional or accidental, without written permission of the District Technology Director, Written request forms are available in the office.

D. Employees accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right to monitor, review, and inspect any directories, files, and/or messages residing on or sent using the school district's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

I have read, understand and agree to abide by the network resource rules and regulations. Should I commit any violation or in any way abuse or misuse my access privilege on the computer network, I understand and agree that my access privilege may be revoked and disciplinary action, up to and including termination of employment, may be taken against me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Last Four of Social Security #

\_\_\_\_\_  
Printed Name of Employee