



# EPHRATA MOUNTAINEERS ATHLETICS

TOMMY LONG, ATHLETIC DIRECTOR

## Coaching Application

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
Home Work Cell

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

Are you currently employed by the Ephrata Area School District? \_\_\_\_\_  
Yes No

If yes, current assignment: \_\_\_\_\_

If no, current employer: \_\_\_\_\_

List Educational training / degrees: \_\_\_\_\_  
\_\_\_\_\_

List Coaching Experiences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other work experiences qualify you for this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What contributions do you think you could make to the Ephrata Athletic Department?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Over)

These positions require contact with children; therefore, due to federal law, state law and the Department of Public Welfare, only applicants who have received their FBI Federal Criminal History Record (Act 114), Pennsylvania Criminal History clearance (Act 34) and their Pennsylvania Child Abuse Clearance (Act 151) or are currently working for the District may be considered for employment. The Ephrata Area School District will not discriminate on the basis of age, race, color, creed, national origin, gender, religion or disability.



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TOMMY LONG, ATHLETIC DIRECTOR

Would you accept a volunteer position?                        
Yes No

List two references who know your ability to perform the duties of this position for which you are applying:

\_\_\_\_\_  
Name Phone email address

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Name Phone email address

\_\_\_\_\_  
Address City State Zip

Along with this application, the following information is needed:

3 clearances (Act 34, Act 114, Act 151) \_\_\_\_\_ 3 letters of recommendation \_\_\_\_\_

Tuberculosis (TB) Shot \_\_\_\_\_

***By signing this application form, you are giving the Ephrata Area School District the right to check references and confirm the information on this form is accurate. The EASD also has the right and permission to check past records regarding work history as needed for this position.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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