

Temple Christian Athletic Department Application

Personal Information:

Position Desired: _____

Full Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone Number: _____ Age: _____

High School Education: _____ Year: _____

Post High School Education: _____ Years: _____

Previous Experience in Coaching/References:

Position: _____ Contact: _____

Position: _____ Contact: _____

Position: _____ Contact: _____

Please tell us why you believe you qualify for this position?

Please give a brief testimony of your salvation experience, include your current involvement(s) in your local church?

Do you have children who attend or have attended TCS? _____ YES _____ NO

Do you have a current BCI/FBI on file? _____ YES _____ NO

Do you currently have the Ohio Department of Education certified pupil supervisor certificate?

_____ YES _____ NO _____ CURRENTLY PURSUING

Have you ever been convicted of a crime? _____ YES _____ NO

If you indicated yes above please describe the type or crime(s) and the punishment inquired by the crime indicated. _____

Are you currently a member of a local church? _____ YES _____ NO

If not please indicate the church you attend regularly. _____

Reason for Interest in this Position:

Applicants Signature: _____ Date: _____