

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS <i>(exclude those which may disclose your race, color, religion, or national origin)</i>	

REFERENCES - List at least three references who are knowledgeable of your coaching qualifications		
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

EMPLOYMENT HISTORY <i>Please give accurate, complete full-time and part-time employment record. Start with present or most recent first. We may contact the employers listed below unless you indicate those you do not want us to contact.</i>	
Most Current	Phone
Address	Employed from _____ to _____
State your job title	Name of Supervisor
Past Employer	Phone
Address	Employed from _____ to _____
State your job title	Name of Supervisor
Past Employer	Phone
Address	Employed from _____ to _____
State your job title	Name of Supervisor
Past Employer	Phone
Address	Employed from _____ to _____
State your job title	Name of Supervisor
Past Employer	Phone
Address	Employed from _____ to _____
State your job title	Name of Supervisor

RELEASE AUTHORIZATION	
<p>I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of a coaching position, or (3) terminating my coach position.</p> <p>I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of Penn Cambria School District may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquires which would include information related to any medical condition or medical history. Further, I do not waive any rights I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.</p>	
Signature	Date