



Horseshoe Bend School District #73

398 School Drive, Horseshoe Bend, ID 83629

Phone: 208-793-2225 / Fax: 208-793-2449

www.hsbschools.org

Coaching Application

Applicants are encouraged, although not required, to type responses in the boxes provided and to submit the application as an email attachment if possible.

First Name

Middle Initial

Last Name

Home Phone #

Cell Phone #

Email Address

(leave blank if you do not want contacted via email)

Permanent Mailing Address

City

State

Zip Code

Position(s) Desired

Have you ever been convicted of a felony?

Yes

No

Are there any charges pending against you at this time?

Yes

No

Playing Experience (high school and/or college)

Special Training (clinics, courses, first aid, etc...)

Coaching Experience (at any level)

In the space provided below, write about your philosophy of coaching and the role of athletics in the overall educational experience of students.

I certify the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Signature of Applicant (may be digital signature if submitting electronically)

Date