

POSTING

(Internal & External)

May 16, 2022

POSITION:	<u>ONE (1), HIGH SCHOOL SIDELINE CHEER COACH</u> Fall Season (August-November, 2022)		
RESPONSIBILITIES:	Responsible for the development and operations of entire cheer program, camps, training, practices, events, etc.		
QUALIFICATIONS:	 Previous coaching experience preferred. CPR, First Aid & AED training/certification required. Annual Bloodborne Pathogen training MHSAA Annual Coaches online training Coaches Advancement Program (CAP) training, Level 1 to start Successful completion of background checks 		
PAY/BENEFITS:	Salary per contract		
POSTING EXPIRATION:	Until Filled		
APPLICATION:	Internal Candidates: External Candidates:	Letter of Interest Letter of Interest and application (attached)	
	Submit electronically to: Sara Schubert MAPS Board of Education sschubert@manistee.org		

<u>District Policy</u>: Nondiscrimination on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in all activities and employment.



SUPPORT STAFF APPLICATION FORM

POSITION APPLYING FOR			DATE OF APPL	ICATION
NAME:	·			
MAILING ADDRESS: Number / St	reet / Road		Apt. # or P.O. Bo)X
City	State		ZIP CODE	
Home Telephone #	Cell Phone #	<u>.</u>	Email Address	
ARE YOU PRESENTLY EMPLOYE	D?	PRESENT/I	LAST SALARY	
ARE YOU A U.S. CITIZEN?	YES	NO		(hrly/wkly/yrly)
CURRENT EMPLOYER:		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
ADDRESS/CURRENT EMPLOYER				
CONTACT PERSON:		PHONE #:		
MAY YOUR PRESENT EMPLOYER	R BE CONTACTI	ED? [] Yes	[] No	

WHEN WOULD YOU BE AVAILABLE FOR A PERSONAL INTERVIEW?

WORK EXPERIENCE:

Name/Address of Employer	Supervisor's Name & Phone Number	OK to contact? (yes/no)	Nature of Work	Employment Dates From - To	Reason for Leaving

EDUCATION AND PROFESSIONAL TRAINING:

List High Schools, Colleges/ Technology School &/or Universities Attended	Location	Years Attended or Graduated & Degrees Received	Area of Study

ARE YOU PRESENTLY WORKING TOWARD A HIGHER DEGREE? _____ YES _____ NO IF "YES," WHAT IS YOUR EXPECTED COMPLETION DATE AND DEGREE EXPECTED? ______

CHARACTER REFERENCES:

NAME	POSITION TITLE	ADDRESS	PHONE NUMBER & EMAIL ADDRESS

EXPERIENCE WORKING WITH STUDENTS: List experiences you have had working with young people, i.e., scout work, summer camps, etc.

HAVE YOU EVER BEEN CONVICTED OF A <u>FELONY</u>? _____ YES ____ NO IF <u>"YES</u>," INDICATE THE TYPE OF CONVICTION, DATE, AND COURT WHERE THE CONVICTION OCCURRED:

HAVE YOU EVER BEEN CONVICTED OF A <u>MISDEMEANOR</u> (excluding a minor traffic offense)? <u>YES</u> NO (Note: Conviction record will not necessarily be a bar to employment.)

I hereby consent that any former or current employer, whether named in this application or not, may release all employment records of the applicant to the District. I also consent to a physical and drug test as part of the screening process. I understand I must undergo a Criminal History Record Check.

I hereby authorize the District to inquire and verify any information contained on this application for employment, and the District shall not be liable for any damages which may result from such inquiry or verification. I understand that making any misleading or untruthful statement on this application may result in my dismissal. If accepted for employment, I understand that this application will become a permanent part of my personnel records.

I further agree to comply with all rules, regulations, and policies of Manistee Area Public Schools and agree that my employment status is "at will" and, thus, I may be terminated for cause or no cause at any time, and I may terminate my employment at any time for any reason. Upon my termination, I authorize the release of reference information regarding my work history with Manistee Area Public Schools."

Signature (Full Name)

Date

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.