



MILWAUKEE PUBLIC SCHOOLS

Department of Recreation and Community Services
OFFICE OF INTERSCHOLASTIC ATHLETICS

MPS Employee ID#: _____

Social Security#: _____

INTERSCHOLASTIC ATHLETICS APPLICATION

SPORT AND SCHOOL Applying For: _____

Last Name	First Name	MI	Date of Application
Address		City	Zip Code
Telephone (Day)	Telephone (Evening)	Are you a city of Milwaukee resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you an MPS employee: <input type="checkbox"/> Yes	If yes, list current work site and position:		
<input type="checkbox"/> No	If not a current MPS employee: List current employer & address		
Email address:			

EDUCATION AND TRAINING: List High School attended. If you did not graduate, but have passed the GED test, indicate the date passed. Then list university, college, technical, military or other training you have received in chronological order.

Name and Location of Institution	Dates Attended	Graduated?	Degree
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	to	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COLLEGE SPORTS PARTICIPATION

Sport	Dates	Where?	Level (Varsity, JV, Intramural)

Sports Participation other than College

Sport	Dates	Where?	Level (Varsity, JV, Intramural)

ON AN ATTACHED SHEET OF PAPER, PLEASE STATE YOUR COACHING PHILOSOPHY.

Do you have a valid Wisconsin teaching certificate? Yes No Expiration Date _____
 Do you have an ASEP certification? Yes No
 Do you hold another coaching certification? Yes No _____
 Do you have a valid lifesaving certificate or its equivalent? Yes No Explain equivalent _____

Do you have a valid WSI certificate? Yes No Expiration Date _____
 Do you have a current CPR certificate? Yes No Expiration Date _____
 Do you have a First Aid certification? Yes No Expiration Date _____
 List personal experience and training with the care and prevention of athletic injuries: _____

List coaching camps and/or clinics that you have attended: _____

List previous coaching experience with high school aged athletes:

Sport	Dates	Where?	Level (Varsity, JV, Intramural)

Have you been released from any coaching position within the last five (5) years? Yes No
 If yes, please explain:

At what time could you be present on a daily basis to begin practices?

REFERENCES: (MPS school personnel preferred) Note: Athletic directors of prior coaching position(s) will be contacted for references automatically.

Name	Position	Site/Address	Phone Number

MILWAUKEE PUBLIC SCHOOLS IS REQUIRED TO CONDUCT A CRIMINAL BACKGROUND CHECK ON EACH APPLICANT FOR EMPLOYMENT. Have you ever been convicted of or paid a fine for any offense or are currently subject to any pending charge(s) including felonies, misdemeanors and ordinance violations? (Do not report minor traffic violations.)
 (Please check one) Yes No

In the space below, please list the details of each specific offense, the date of the offense, the location and the disposition of the case (attaché additional sheets if necessary). **NOTE: Convictions and pending charges are not an automatic bar to employment, but are reviewed in relation to the job for which you applied. Failure to report all convictions and/or pending charges as specified on this application may result in rejection of your application or discharge from employment.**

Date	Location	Court/Charge	Disposition of Case

I understand that all non-MPS coaching applicants must successfully complete a physical exam including a TB test and drug screening prior to appointment. I further certify that all statements made on this application are true and complete, accurate and not misleading to the best of my knowledge. I understand that any false statements, incomplete statements or misrepresentations may subject me to disqualification or dismissal.

Signature of Applicant

Date

Milwaukee Public Schools
OFFICE OF INTERSCHOLASTIC ATHLETICS

SUPPLEMENTARY APPLICANT INFORMATION

PLEASE NOTE: THIS FORM MUST BE FILLED OUT IN ORDER TO PROCESS YOUR APPLICATION

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of questions 1 and 3 are mandatory. Completion of questions 2, 4, and 5 are voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially. The data collected will be used to process your application, to help us monitor the Milwaukee Public Schools' Equal Employment Opportunity/Affirmative Action efforts and to comply with Federal record-keeping requirements.

PLEASE PRINT OR TYPE

1. NAME: _____
 Last First Middle

2. Sex (please check one) Male Female

3. Marital Status: Single Married Divorced Other

3. DATE OF BIRTH: Month _____ Day _____ Year _____
(This information will be used for conducting a criminal background check which is mandatory for all applicants.)

4. Race (please check one)
 Native American
 African American
 Asian/Oriental/Pacific Islander
 Hispanic
 White
 Other

5. Position applied for: _____

The above completed information is true to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

<p>FOR SCHOOL ATHLETIC DIRECTOR USE ONLY:</p> <p>CBC Requested By: _____</p> <p>SCHOOL SITE: _____</p>
