



HUMAN RESOURCES
 10903 Gravelly Lake Dr SW
 Lakewood WA 98499-1341
 253-583-5085 • 253-583-5088 FAX

**Verification of Employment
 COACHING**

ATTN: HUMAN RESOURCES/PERSONNEL

School District _____

Street Address _____

City, State, ZIP Code _____

Please return completed form to:

HUMAN RESOURCES
CLOVER PARK SCHOOL DISTRICT
 10903 Gravelly Lake Dr SW
 Lakewood WA 98499-1341
 253-583-5085

The individual whose name appears below has recently been hired as a **COACH** with Clover Park School District. New coaches must have previous coaching employment verified. Please complete the information requested below. Your assistance in establishing a correct coaching record for this employee is appreciated.

NAME _____ **SOCIAL SECURITY NUMBER** _____

Name (If different during employment) _____ **Approximate Dates of Employment** For Which Verification is Requested _____

I authorize you to release all information requested for "Verification of Coaching" experience to Clover Park School District.

Employee Signature _____ Date _____

SERVICE RECORD					
ASSIGNMENT	Head or Assistant Coach Position	Paid Coaching Assignment	DATES OF SERVICE FROM (Mo/Day/Year) TO (Mo/Day/Year)	Level of Position (Elementary, Jr High, Sr High)	COMMENTS
EXAMPLE: Track Coach	Head or Asst	Yes or No	4/01/06-08/31/06	Sr High	
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			

I certify that all information listed above is complete and correct according to the official records on file in the institution providing this verification of experience.

Signature _____ **Date** _____

Printed Name _____ **School District** _____

Title _____ **Phone Number** _____