

VERIFICATION OF SUPPLEMENTAL EXPERIENCE

Name: _____ Former Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City : _____ State: _____ Zip: _____

Gender: ___ Female ___ Male Phone: _____

Signature of Applicant: _____ Date: _____

The above named individual was contracted to coach in our school system as verified below.

Name of School System _____

School Street Address _____ City _____ State and Zip _____

State Accredited School? Yes No

Coaching Assignment

School Term

Level (Grades)

| Coaching Assignment | School Term | Level (Grades) |
|---------------------|-------------|----------------|
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Total # of School Years Coaching in the District: _____

Administrator's Name (Please Print)

Administrator's Position

School Phone Number

Please return to:
USD 417 Morris County
17 Wood Street, Council Grove, KS 66846
or email to aweeks@cgrove417.org