

**Chester-Joplin-Inverness  
Public Schools  
Coach Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date Available \_\_\_\_\_

Are you certified in First Aid? \_\_\_\_\_ Are you CPR Certified? \_\_\_\_\_

Do you have a current certified or classified Application on file in our District? \_\_\_\_\_

If yes, which certified or classified position are you currently in? \_\_\_\_\_

**Please select one of the following:**

\_\_\_\_\_ I am employed elsewhere and only interested in coaching.

\_\_\_\_\_ I am interested, only if I get a teaching position.

\_\_\_\_\_ Other (Explain) \_\_\_\_\_

**Education**

High School(s) Attended	Years Attended	Activities Participated In

College(s) or Universities Attended	Years Attended	Activities Participated In

**Coaching/Advisory Experience**

School/City	Activity	Date(s)

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**Please check the position(s) you are interested in:**

	JH Football		JH Asst. Boys BB		HS Wrestling
	JH Head Volleyball		JH Head Girls BB		4&5 Boys & Girls BB
	JH Asst. Volleyball		JH Asst. Girls BB		5&6 Boys BB
	HS Head Volleyball		JH Wrestling		5&6 Girls BB
	HS Asst. Volleyball		HS Head Boys BB		Head Tennis
	HS Head Football		HS Asst. Boys BB		HS Head Track
	HS Asst. Football		HS Head Girls BB		HS Asst. Track/JH Track
	JH Head Boys BB		HS Asst. Girls BB		Speech & Drama
	Other				

Chester-Joplin-Inverness does not discriminate on the basis of sex in its education programs, activities, or employment. Title IX of the Education Amendments of 1972 is a federal law that prohibits sex discrimination in education. Title IX protects students, employees, and applicants for employment, regardless of their gender, from sex discrimination, which includes sexual harassment and sexual misconduct.

Questions to the District regarding the application of Title IX and the regulations that implement it may be directed to the District's Title IX Coordinator, Ms. Rita Chvilicek, (406)759-5108 ext. 103, 511 Main St/P.O. Box 550 Chester, MT 59522, [rchvilicek@cji.k12.mt.us](mailto:rchvilicek@cji.k12.mt.us).

**Please read the following statement carefully prior to signing.**

I hereby authorize Chester-Joplin-Inverness School District #48-1J & #48-2J to inquire as to my record with any or all of my former and/or current employers or references. I also authorize investigations of all statements contained in this application. There will be no liability incurred by the Chester-Joplin-Inverness School District for investigating the accuracy of this application or contacting references and/or past/current employers. I guarantee the accuracy of this application and understand that misrepresentation or the omission of facts may be cause for dismissal. This authorization includes but is not limited to the release of confidential criminal justice information as defined in Section 44-5-103 MCA.

Applicant's Signature

Date

***Note: By entering your name here, you are signing this form electronically and it is the legal equivalent of having a handwritten signature.***

## VETERAN'S EMPLOYMENT PREFERENCE FORM

Name

Position Applied For

Employment preference allows applicants to claim a preference under the Veterans' Public Employment Preference Act or the Persons with Disabilities Public Employment Preference Act. Applying for a preference is voluntary. All information related to a preference will be kept confidential and used only during the hiring process. Applicants hired by the state will have this information placed in a separate confidential selection file.

Contact your local Job Service Workforce Center for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (DPHHS) for details on obtaining persons with disabilities preference certification.

1. To claim **Veterans' Employment Preference** you must be a U.S. Citizen and (check one of the boxes below):

**A Veteran**, if

1. you were separated under honorable conditions, **AND** you served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
2. You are or were a member of the Montana Army or Air National Guard who satisfactorily completed a minimum of 6 years service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

**A Disabled Veteran**, if

1. you were separated under honorable conditions from military duty, **AND**
2. you have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

**The spouse of a disabled veteran** if the veteran's disability prevents him or her from working.

**The unremarried surviving spouse of a veteran or disabled veteran.**

**The mother of a veteran**, if

1. the veteran died under honorable conditions while serving in the Armed Forces, or the veteran has a service-connected, permanent, and total disability, **AND**
2. your spouse is totally and permanently disabled, **OR** you are the unremarried widow of the father of the veteran.

2. To claim **Montana Persons with Disabilities Employment Preference**, you must be (check one of the boxes below):

**A person with a disability** certified by DPHHS, **OR**

**The spouse** of a totally (100%) disabled person certified by DPHHS **AND** have resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document your eligibility for employment preference.**

- |  |   |
|--|---|
| <input type="checkbox"/> DD-214 showing the character of discharge | <input type="checkbox"/> Service-connected disability letter  |
| <input type="checkbox"/> DPHHS Disability Certification            | <input type="checkbox"/> A document issued by the Office of the Adjutant General of the Montana National Guard certifying service |

**SIGNATURE:**

**DATE SIGNED:**

*Note: By entering your name here, you are signing this form electronically and it is the legal equivalent of having a handwritten signature.*