



4729 Neta Lane
Wichita Falls, TX 76309
(940) 687-1643
www.wichitachristian.com

*Wichita Christian School is an equal opportunity employer.
WCS does not discriminate on the basis of age, race, color,
national origin, disability, or veteran status.*

Athletic Coach Application

Statement of Faith:

Dedicated supporters of Wichita Christian School believe that children of God are brothers and sisters within the Christian Family. They use their diverse backgrounds and talents to work together in unity toward the glorification of God. Members of the Christian family are those that have accepted Jesus as the Son of God and have entered a relationship with Him through obedience to the commandments and teachings of God's plan of salvation as outlined through His inspired word. As a result, it is the prayer of those dedicated supporters that the students of Wichita Christian School are brought to an understanding of their role within this Christian Family.

Have you read and agree with the statement of Faith of Wichita Christian School? _____
(If there are areas of disagreement with our beliefs, state which areas and explain your position, using a separate sheet of paper.)

I give Wichita Christian School permission to make a thorough investigation of my entire work history and to verify all data given in my application for employment, related papers, and oral interviews. I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation, may prevent my being hired, or if hired, may subject me to immediate dismissal.

Applicant's signature

Date

Have you ever been convicted of a Felony? _____

The mission of Wichita Christian School is to provide a quality education in a Christian environment that inspires hearts, minds, and souls for successful liv-

Personal Information

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Social Security #: _____

Date of Birth: _____ 18 or Older? _____ Drivers License # _____

Email address: _____

Position Desired: _____

When can you begin work at Wichita Christian School? _____

Spiritual Information

Church Affiliation: _____ Member for how long? _____

How would you describe your Church involvement?
_____ Very Active, _____ Attend regularly, _____ Attend occasionally, _____ Do not attend

Ministries you have been active in? _____

Education

Name of School	Degree or Diploma	Date	Honors or special recognitions
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High School: _____

College/University: _____

Occupation: _____

Previous Coaching Experience: _____

Coaching Education: Courses, Clinics, etc.: _____

CPR Certified: _____, Expires: _____, First Aid Certified: _____, Expires: _____

References: Three people who are not related to you, who you have known at least one year:

Name	Phone Number:	Position/ Title
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_____ I am familiar with the mental and physical requirements of the job I am applying for.
_____ I certify I am able to perform tasks required (with/without accommodation) of the job I am applying for.
_____ I request the following accommodations to explain, demonstrate, or continue the employment application process.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified or misleading statements or material omission of facts on this application shall be grounds for immediate dismissal.

I understand that any job offer may be conditional upon information obtained after the offer is made, I understand that employment with this organization is “AT WILL,” which means that (if hired) my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any prior notice, and with or without explanation or reason. Wages will cease immediately upon termination of employment. I will rely not on any oral or written statements to the contrary unless IN WRITING and signed by an authorized official of the school. Any legal action I may bring against the organization regarding terms and conditions of employment must be initiated and maintained in the court of jurisdiction nearest the home office of the school.

Signature: _____ Printed Name: _____ Date: _____

This application will remain active for 45 days. If you desire to continue consideration for employment, you may reapply after that time



IdentoGO

Wichita Christian School

Texas Fingerprint Service Code Form

Service Name: Wichita Christian School

To schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

11F26K

When prompted, please provide the following Contractor ID Number

26562

Criminal History Check Authorization

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080