



CLIO AREA SCHOOLS Coaching Verification

To be completed by Athletic Director

If there are any questions about completing this form, please contact superintendent.

Name: _____

School Year: _____/_____ Building: _____

SPORT INFORMATION

Grade: 7th 8th Freshman Junior Varsity Varsity NA

Season: Fall Winter Spring

Girls Boys NA Sport: _____

EMPLOYMENT INFORMATION

Previous PAID Years of Experience in same/similar sport: _____

**Please attach copy of resume with form for proof of experience.*

Step: (Refer below) _____

**Please be aware that coaching staff moves up steps by number of years they have coached, not number of semesters.*

Years	0	1	2	3	4	5	6	7	8	9	10	11
Teacher Contract BA Step	1	2	3	4	5	6	7	8	9	10	11	12

By signing below, I have verified references for proof of previous years' experience.

Athletic Director: _____ Date: _____