

**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	GradeLevel
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Coaching Assignment	School Term	GradeLevel

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 [jtroxell@cgrove417.org](mailto:jtroxell@cgrove417.org)