



CITY OF CRETE
 REFEREE & COACHING APPLICATION

Please return to:
 Parks & Recreation Department
 Dan Dunaway, Director
 City of Crete
 241 East 13th Street
 Crete NE 68333-0086

Date: _____

The City of Crete welcomes you as an applicant for Coaching/Refereeing with the Recreation Department. Your application will be considered with others in competition for the same position. All applicants will require a Criminal History check.
INSTRUCTIONS: All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible coaching position with the City of Crete. Please furnish us with complete information as outlined in this application.

CRETE RECREATION DEPARTMENT				
Please Circle All That Apply				
A) Coach	1) Soccer	3) Basketball	5) Softball	7) Other
B) Referee	2) Football	4) Baseball	6) Volleyball	

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Soc. Sec. #
Present Permanent Address		City	State Zip Code
Home Telephone Number		Drivers License Number - State - Class	
Are you a US citizen?	Email		
Person to be notified in case of emergency Name		Address	Telephone Number
Describe sports background relevant to this position:			

PERSONAL REFERENCES (no relatives)

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>

**CITY OF CRETE
APPLICATION FOR COACHING**



**NEBRASKA STATE PATROL
CRIMINAL HISTORY RECORD REQUEST FORM**

Please Print Clearly

DATE	
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-PERSON OF INTEREST -

NAME					
	Last, First, MI				
ALIAS / AKA: List any other names used: maiden, married, adopted, nicknames, short names, etc....:					
SS#		DOB		SEX	RACE
CURRENT ADDRESS					
CITY, STATE, ZIP					



-INDIVIDUAL OR AGENCY-

(Only if different than above.)

AGENCY	City of Crete - Recreation Department
INDIVIDUAL REQUESTING DATA	Tom Ourada, City Administrator
MAILING ADDRESS	243 East 13th Street, P.O. Box 86
CITY, STATE, ZIP	Crete, NE 68333
FAX # (If results should be faxed.)	402-826-4334

Signature of Person of Interest