

# GUIDELINES for EMPLOYMENT of ADJUNCT COACHES or INSTRUCTORS

Schools are allowed to employ non-traditional, part-time “Adjunct” coaches and instructors. “Adjunct” personnel are not regular, full-time employees of the district. They are hired specifically to coach or instruct on a part-time basis. The below guidelines are to be followed for proper employment. **NOTE:** Substitute teachers OR less than half-time employees who coach are categorized as “Adjunct” and must go through the same process as below.

1. **If the Adjunct Coach is to be a Head Coach** (varsity, JV or C/D team) in an athletic program:
  - **The school MUST write to the SC High School League (SCHSL) for permission to hire this coach.** Read Article IV, Section 3-A of the SCHSL Constitution. This section requires you to have written permission of the SCHSL. Additionally, the coach must take the coaches education program offered by the SCHSL. If your athletic coach is an assistant, this step is not required.
  - **He/She MUST complete the NFHS Coaches Education Course taught exclusively by the staff of the SCHSL.** Dates for this course are set in advance, call the SCHSL for information and registration.
2. **Subject to GCS Policies.** Adjunct coaches/instructors employed by the district will be subject to its policies and rules in the performance of their coaching duties (IDFA-R, GBA-P, R). The AD/Dept. Head/Principal should explain these policies and rules to the adjunct coach/instructor prior to the person assuming his/her duties.
3. **Interview with the Principal.** Adjunct coaches/instructors **MUST** be interviewed by the principal. The director or department head hiring the adjunct person must make certain this interview takes place.
4. **Adjunct Coach Application Packet:** These are the initial application forms that are secured from the school or online. Online, these forms can be found on the district’s website—“Human Resources Dept.”; “Adj.Coach” (on right side of page). Print and complete all the forms and have them returned to your school’s Athletic Director.
  - **HR203 Form.** This is the official “request for employment” that is to be completed by the Dept. Head / Director or school Athletic Director and signed by the school principal or department head.
  - **Application.** The adjunct coach/instructor applicant must complete this form completely and sign it on the second page.
  - **Notice of Authorization for background check.** This is to be signed and dated (2 pages to be filled out and signed).
  - **Reference Forms.** The adjunct coach/instructor applicant fills in the top block and gives the forms to his/her referees. There are three reference forms. We require at least two of these to be completed by the applicant’s referee and returned to your school’s department head or athletic director.
5. **AFTER THE ABOVE FORMS ARE RECEIVED** (by the school Athletic Director), the school sends the HR203, the two-page application, and the two-page Authorization for Background Check to the DISTRICT’S Director or Athletics, Central Office. **Reference forms are kept at the school!**
6. **Human Resources Department Contact:** The applicant will then be contacted and given a date to come to the Human Resources Department Orientation Program. This is mandatory! The applicant will also be given access to all “New Hire” forms. The applicant **MUST**:
  - Fill out and complete all of the “New Hire”/Human Resources forms before the orientation session and bring with them!
  - TB Test Form: The applicant must secure a TB test and have this form completed by the testing agency.
  - The applicant is to show up at the orientation with his/her **driver’s license, social security card, and a voided personal check** (or an authorization for direct deposit letter on your bank’s letterhead with routing number).
  - **NOTE:** Do NOT give any of these “New Hire” forms to your athletic director! They are to be brought with you to the orientation session.

**IMPORTANT: no person is to be allowed to begin their duties with the students without attending and completing the Human Resources Orientation program.** At this point, the adjunct coach has been oriented, completed TB screening, and given an employee number and an employee email account.



## Application for Adjunct Instructor or Coach

<b>PERSONAL INFORMATION</b>	Last Name		First Name	Middle Initial	Date of Application
	Street Address				Birth Date
	City		State	Zip Code	Home Phone
	Email Address				Work Phone
	School Site Applying to:		Specific Position Applying for:		Cell Phone
	In Case of Emergency, please notify: Name: _____ Address: _____ Phone #1: _____ Phone #2: _____				

<b>ACADEMIC INFORMATION</b>	Have you ever been convicted of anything other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____				
	Academic Preparation:				
	<input type="checkbox"/> High School <input type="checkbox"/> 1 Yr. College <input type="checkbox"/> 2 Yr. College <input type="checkbox"/> 3 Yr. College <input type="checkbox"/> College Graduate				
	High School: _____ Dates: _____				
	College: _____ Dates: _____ Degree: _____				
	College: _____ Dates: _____ Degree: _____				
College: _____ Dates: _____ Degree: _____					
College: _____ Dates: _____ Degree: _____					

## Application for Adjunct Instructor or Coach *(Continued)*

WORK EXPERIENCE	1	Employer	City/County	State	Dates of Employment
		Kind of Work	Reason for Change		Name of Supervisor
	2	Employer	City/County	State	Dates of Employment
		Kind of Work	Reason for Change		Name of Supervisor
	3	Employer	City/County	State	Dates of Employment
		Kind of Work	Reason for Change		Name of Supervisor

REFERENCES		Name of Reference	Position/Relationship	Mailing Address & Email Address (if known)	Phone Number
	1				
	2				
	3				

SIGNATURE	<p>My signature below indicates that I have completed this application for employment accurately and truthfully. I understand that misrepresentation of factual information is cause for dismissal should I be employed by Greenville County Schools.</p> <p>By my signature, I authorize Greenville County Schools to ask for and obtain from each former or present employer, person, firm, or corporation given as reference any and all information sought in connection with this application. I also authorize any former employer, person, firm, or corporation from who such information is requested to supply Greenville County Schools with information concerning me, my work habits, character, skill, and actions in any transaction.</p> <p style="text-align: right;">Signature: _____</p>
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S. C. Law prohibits employment of applicants who have defaulted on student loans unless they can prove that satisfactory arrangements have been made for payment.

Greenville County Schools complies with Section 59-26-40 of the South Carolina Code of Laws, which states:

“Prior to initial employment of a teacher, the local district shall request a criminal record history from The South Carolina Law Enforcement Division for past convictions of any crime listed in Chapter 3 of Title 16, offenses Against the Person, any crime listed in Chapter 15 of Title 16, Offenses Against Morality and Decency, and for the crime of contributing to the delinquency of a minor, contained in Section 16-17-490.”

# ADJUNCT COACH or INSTRUCTOR — REFERENCE FORM



**DIRECTIONS:** 1. Fill in the below block. 2. Have the person doing the reference for you complete the form. 3. Completed form is to be returned directly to the Athletic Director at the school where you are applying.

**This block is to be filled out by the Applicant**

Name of Applicant \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Address of Applicant \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Position Applied For: \_\_\_\_\_  
(School Name) (Coach or Instructor Position)

*I hereby give permission to you to fill out this confidential questionnaire concerning my qualifications in regard to a position with the Greenville County Schools.*     Yes     No

**Dear Sir or Madam:**

*The above named individual has applied for a position in the Greenville County Schools and has listed you as a reference. Please complete and return this form at your earliest convenience to the athletic director of the school where the person is applying. You may use the reverse side to provide additional information or comments. All information will be considered confidential.*

Name of Reference \_\_\_\_\_ Present Title: \_\_\_\_\_

Address of Reference \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Please record in the boxes below a number from the following scale that best describes your assessment of the applicant's performance in the listed category.**

1. Outstanding	2. Above Average	3. Average	4. Below Average	5. Unknown
Professional Attitude			Efficiency in Routine Matters	
General Maturity			Flexibility	
Health			Ability to Follow Instructions	
Personal Appearance			Ability to Implement Planned Activities	
Dependability of Judgment			Effective Communication	
Initiative			Ability to Relate to Youth	
Attendance and Punctuality			Ability to Relate to Co-workers	

Strengths and Weaknesses: \_\_\_\_\_

Would you employ or reemploy this applicant?     Yes     No

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date Completed

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Attendance and Punctuality			Ability to Relate to Co-workers	

Strengths and Weaknesses: \_\_\_\_\_

Would you employ or reemploy this applicant?     Yes     No

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date Completed

# GREENVILLE COUNTY SCHOOLS

## REQUEST FOR EMPLOYMENT or CHANGE IN STATUS for Coach or Extracurricular Activity Personnel

**TO:** Darryl Nance, Director of Athletics – Central Office

**FROM:** \_\_\_\_\_  
Director or Principal
School/Department

### DELETION—FROM CURRENT ASSIGNMENT or CHANGE in LEVEL OF PAY

I am recommending that the following person be **deleted** from the below supplemental assignment:

Employee Name	Prior Assignment	Supplement Amount or Number of Extra Days
Employee #	Effective Date of Termination	

### ADDING NEW EMPLOYEE or CHANGING EMPLOYEE TO A NEW ASSIGNMENT or PAY LEVEL

I am recommending the following person be **added** or his/her **status changed** to the below new assignment:

Employee Name	New Assignment	Job Code	Supplement Amount
<input type="checkbox"/> Exempt/Non-Exempt <input type="checkbox"/> Adjunct			<input type="checkbox"/> Check if LOCAL FUNDS
Employee # (if known)	Effective Beginning Date		Years of <b>Paid</b> Experience in this Sport/Activity Position

### ADJUNCT INSTRUCTOR/COACH INFORMATION (required for those who are not full-time employees)

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #1: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment Checklist** for school AD or Dept. Head (All items must be checked before sending to District Director of Athletics):

Principal interview                       2 References (checked, forms—kept by school AD)

Completed Application (2 pgs)     Authorization for background check (2 pgs)

Principal Signature	Date
District Director of Athletics	Date

# GREENVILLE COUNTY SCHOOL DISTRICT CONSUMER AUTHORIZATION AND RELEASE

In connection with GREENVILLE COUNTY SCHOOL DISTRICT considering me for employment, continued, employment, promotion or reassignment, I authorize GREENVILLE COUNTY SCHOOL DISTRICT and or its agent, ACCUFAX Div., Southwest Inc. to obtain a consumer report, criminal background check report, investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living form public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by GREENVILLE COUNTY SCHOOL DISTRICT, or its agent, ACCUFAX Div., Southwest Inc. to furnish the above stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release GREENVILLE COUNTY SCHOOL DISTRICT, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southwest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT (Use Blue or Black Ink)

Requested by: 8643553974

FULL LEGAL NAME \_\_\_\_\_ DOB\* \_\_\_\_\_ SS# \_\_\_\_\_

OTHER NAME USED \_\_\_\_\_

Name exactly as it appears on Drivers License \_\_\_\_\_

CURR. ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV.ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

PREV.ADDR. \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ CO \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

\* "DATE OF Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.



**GREENVILLE COUNTY SCHOOL DISTRICT  
CONSUMER AUTHORIZATION AND RELEASE**

CONSUMER DISCLOSURE (FCRA-1)

In connection with **GREENVILLE COUNTY SCHOOL DISTRICT** considering me for employment, continued employment, promotion or reassignment, **GREENVILLE COUNTY SCHOOL DISTRICT** may obtain a consumer report, criminal background check report or investigative consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

\_\_\_\_\_  
PRINT NAME DATE

\_\_\_\_\_  
SIGNATURE

CONFIDENTIAL