



Community Coach Information Sheet

If you are a current GCPS Sub or GCPS employee please contact the schools Athletic Dept as there is a different application process

To move forward with the hiring process, please complete the following forms

- Agreement to Coach - signed by schools Athletic Director
- Reference sheet - signed by schools Athletic Director
- Employee Personal Data form - Fully completed with your signature
- Employment Eligibility Verification (Form I-9) Bring in your documents to be verified.
- Oath of Allegiance - must be notarized
- Title XI sign off - Your signature to show you have viewed the video

Once completed, please return the forms to your Athletic Director/Athletic Assistant. They will give you a GCPS Fingerprint Request Form. This should be signed by the school Athletic Director or Assistant- (*GCPS personnel Signature line*). You are required to bring the completed form to the fingerprinting office.

After you return the completed forms, please visit the Instructional Support Center between the hours of 8:00 AM and 4:00 PM, Monday through Friday, to complete the fingerprint and background check process. Please go to Building 200 ISC, 437 Old Peachtree Rd, NW, Suwanee, GA 30024. (Remember to bring the signed Fingerprinting Request Form).

You may contact the Employee Clearance Office at 678-301-6049, or via email at Employee.Clearance@gcpsk12.org with additional questions regarding fingerprinting.

At this time submit an on-line application; cannot process paperwork without an on-line application.

Go to <https://www.gcpsk12.org/about-us/careers>

Click on Apply now

Under Vacancies/Categories, use the search by Job ID at the bottom. Enter Job ID 92863 in the search field and click "search"

Click "Apply" on the right side of the screen.

When the on-line application is completed, you will receive an email from Applitrack. Please make sure you have fully completed the application with 2 references and 5 years of work experience.

Once fingerprint results are received, your ready for hire status will be communicated with you by the school Athletics Department. At this point, the final steps to finalize hiring will be completed and a start date will be determined. A start date is dependent on completed forms and clearance from our Human Resources Division.

After your start date has been processed in our system, your employee portal can be established **where additional documents can be completed electronically. The documents to be completed include Form W-4 Federal Employee Withholding Certificate, Form G-4 State of Georgia Withholding, and Direct Deposit Authorization. Your employee ID will be emailed to you with the following instructions:**

To Create Your Employee Portal Account:

- Navigate to <https://www.gcpsk12.org>
- Click on the *Employee Tab* at the top of the screen.
- Click on *Create a New Account* and proceed to the New Account page. *Do not enter your employee number before selecting Create a New Account.*
- You will be prompted to enter the following information:
 - Your GCPS ID.
 - Your first name.
 - Your last name.
 - Your birth date.
 - The last 4 digits of your SSN.
- You will be prompted to create a password

Please contact Customer Support at 678-301-6547 if you experience any issues creating your portal account or accessing your new hire landing page. If you had a previous login for the GCPS employee portal, use that login prior to reaching out to the Customer Support team. We look forward to working with you.



2024 – 2025 COMMUNITY COACH AGREEMENT TO COACH

This letter acknowledges an agreement between

(NAME OF COMMUNITY COACH)

and

**Gwinnett County
Board of Education**

Steven B. Knudsen
2024 Chair
District II

Karen Watkins
2024 Vice Chair
District I

Dr. Mary Kay Murphy
District III

Dr. Adrienne Simmons
District IV

Dr. Tarece Johnson-Morgan
District V

Dr. Calvin J. Watts
Superintendent

(NAME OF SCHOOL) Please indicate if Middle or High School

The coach agrees to follow all Georgia High School Association rules and Gwinnett County Board of Education rules pertaining to community coaches and will be a coach for the _____ sports program for school year **2024-25**.

If this is a paid coaching position, the coach will be paid in accordance with the current school system pay scale for coaches and designated sponsors. Funding for the position will be in accordance with system policies and procedures.

Athletic Director

Date

Community Coach Signature

Date

PHONE: _____

EMAIL: _____

437 Old Peachtree Road, NW
Suwanee, GA 30024-2978
678-301-6000
www.gcpsk12.org

It is the policy of Gwinnett County Public Schools not to discriminate on the basis of race, sex, religion, national origin, age, or disability in any employment practice, educational program, or any other program, activity, or service.

**The Mission of
Gwinnett County
Public Schools**

is to pursue excellence in academic knowledge, skills, and behavior for each student, resulting in measured improvement against local, national, and world-class standards.

This agreement will be kept on file with the Local Athletic Director and a copy provided to the ISC Athletic Office.

Revised 01/24/2024



COMMUNITY COACH REFERENCE FORM SY 24/25

NAME OF COMMUNITY COACH _____

NAME OF SCHOOL: _____

Please indicate if **Middle** or **High School**

SPORT: _____

Please list a current or previous work supervisor that can attest to your character, work ethic, and overall ability to function in a professional setting.

Reference Name & Name of Business/Organization

Relationship to Candidate:

Reference Contact Information:

Cell: _____ Work: _____

Athletic Director/Athletic Lead Notes: Please make one comment

Head Coach/Athletic Lead: Please check the appropriate box indicating you have contacted the Reference above and:

_____ Candidate is approved

_____ Candidate is not approved

Head Coach/Athletic Lead Signature

_____ Date: _____

Gwinnett County Board of Education

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Employee Personal Data Form

Division of Human Resources 437 Old Peachtree Rd, NW, Suwanee, GA 30024 (678) 301-6000

Personal Information – to be completed by Employee

Employee Name (Last, First, MI, Maiden)	Social Security Number
Email Address	Date of Birth (MM/DD/YYYY)
Street Address	
Primary Telephone Number (include area code)	City, State, Zip

Gender:

- Male Female

Marital Status:

- Married Single

Ethnicity (*choose only one*):

- Hispanic/Latino Not Hispanic/Latino

Race (*choose one or more*):

- American Indian/Alaska Native Native Hawaiian/Other Pacific Islander
 Asian White
 Black/African American

Highest Educational Level Completed:

- High School/GED Master's Degree
 Some college Specialist's Degree
 Associate's Degree Doctorate Degree
 Bachelor's Degree Other _____

Have you served on Active Duty in the Armed Forces of the United States (Army, Navy, Marine Corps, Air Force, or Coast Guard)?

- Yes No

Employment Information – to be completed by Employee

GCPS Work Location	Official Start Date
GCPS Position	

Previous GCPS Employee:

- Yes
 No

Georgia Public School Retiree:

- Yes
 No

I certify that the above information is accurate and true to the best of my knowledge.

Employee Signature	Date
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Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Oath of Allegiance

Name (Please Print)

Social Security #

Work Location

Position

Public School Employee's Oath of Allegiance

STATE OF GEORGIA
COUNTY OF GWINNETT

I _____ (employee)

Do solemnly swear or affirm that I will support and defend the constitution and laws of Georgia and the United States.

Employee Signature (In presence of Notary)

Date

Notary Signature (Seal)

Date

Directions to access Title IX link

Please click on the link below to access the powerpoint that you are required to view.

<https://vimeo.com/443129363/71354007c7>

COMMUNITY COACH TITLE IX SIGN OFF

Name of Applicant: _____

Date: _____

I have received the link to Title IX and have viewed the training.

Signature of Applicant

Printed name of Applicant