

**OHIO NORTHERN UNIVERSITY**

**Department of Athletics**

**Coach Information Form**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **HOME PHONE NUMBER:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**ONU OFFICE ADDRESS:** \_\_\_\_\_ **ONU PHONE NUMBER:** \_\_\_\_\_

**EMPLOYER (if employed elsewhere):** \_\_\_\_\_

\_\_\_\_\_

**SPORT:** \_\_\_\_\_

**HEAD COACH (Supervisor):** \_\_\_\_\_

**TERM OF APPONTMENT:**

**Beginning date:** \_\_\_\_\_

**Completion date:** \_\_\_\_\_

**Salary:** \_\_\_\_\_