



UTAH INTERSCHOLASTIC ATHLETIC ADMINISTRATORS ASSOCIATION

199 East 7200 South
Midvale, Utah 84047

APPLICATION FOR NIAAA LIAISON/CERTIFICATION COORD

July 1, 2017 – June 30, 2020

1. PERSONAL

Name: _____ Date of Application: _____

U.S. Citizen: Yes No

Present Address: _____

Phone Number: _____ Business: _____ Cell: _____

E-mail address _____

Current Certification held: _____

2. EDUCATION

| Name of Institution | City | State | Date | | Degree | Major | Minor |
|---------------------|------|-------|------|----|--------|-------|-------|
| | | | From | To | | | |

3. WORK EXPERIENCE (Beginning with current position)

| Name of Institution | City | State | Kind of Work | Date | |
|---------------------|------|-------|--------------|------|----|
| | | | | From | To |

4. EDUCATIONAL ADMINISTRATIVE EXPERIENCE

| Name of School | City | State | Administrative Position | Date From | To |
|----------------|------|-------|----------------------------|--------------|----|
|----------------|------|-------|----------------------------|--------------|----|

5. NON-EDUCATIONAL ADMINISTRATIVE EXPERIENCE

| Name of Business | City | State | Administrative Position | Date From | To |
|------------------|------|-------|----------------------------|--------------|----|
|------------------|------|-------|----------------------------|--------------|----|

6. EXPERIENCE AND INVOLVEMENT WITH THE UIAAA

(Beginning with most recent experience)

7. EXPERIENCE AND INVOLVEMENT WITH THE NIAAA

(Beginning with most recent experience)

8. TECHNOLOGY

9. REFERENCES

| Name | Official Position | Relationship | Contact Information |
|------|-------------------|--------------|---------------------|
|------|-------------------|--------------|---------------------|

To the best of my knowledge, the information given in this application is true and correct.

Applicant's Signature _____ **Date** _____

EQUAL OPPORTUNITY EMPLOYER