

**COACHING APPLICATION
(NON-TEACHER)
WYNANTSKILL UNION FREE SCHOOL DISTRICT
25 EAST AVENUE, TROY, NEW YORK 12180
BUSINESS OFFICE PHONE (518) 283-4679 X 14**

DATE

LAST NAME

FIRST NAME

MIDDLE NAME

MAILING ADDRESS

FIRST CONTACT NUMBER

SECOND CONTACT NUMBER

SOCIAL SECURITY NUMBER

<u>EDUCATIONAL BACKGROUND:</u>		
<u>NAME & ADDRESS OF SCHOOL</u>	<u>DATES ATTENDED</u>	<u>DEGREE/DIPLOMA</u>
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER		

VALID NYS COACHING LICENSE? _____ APPLIED FOR TEMPORARY COACHING LICENSE? _____

VALID NYSED APPROVED FIRST AID FOR EMERGENCY RESPONSE CERTIFICATE _____ (valid dates)

VALID NYSED APPROVED CPR W/AED CERTIFICATE _____ (valid dates)

VALID COPY OF FINGERPRINTING CERTIFICATE? _____

VALID COPY OF CHILD ABUSE IDENTIFICATION CERTIFICATE? _____

VALID COPY OF SCHOOL VIOLENCE INTERVENTION & PREVENTION CERTIFICATE? _____

COMPLETED NYSED COURSE ON PHILOSOPHY, PRINCIPLES AND ORGANIZATION OF ATHLETICS? _____

COMPLETED NYSED COURSE ON THEORY AND TECHNIQUES OF COACHING? _____

(COURSES MUST BE COMPLETED WITHIN 3 YEARS OF THE INITIAL APPOINTMENT)

COACHING EXPERIENCE

DATES	SCHOOL NAME & ADDRESS	GRADE / SPORT

COACHING INTERESTS:

BOYS BASKETBALL _____	GIRLS BASKETBALL _____
BASEBALL _____	SOFTBALL _____
BOYS SOCCER _____	GIRLS SOCCER _____
CROSS COUNTRY _____	

REFERENCES: PLEASE LIST THE NAMES AND COMPLETE MAILING ADDRESS OF AT LEAST THREE PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE, WHO MAY BE CONTACTED BY SCHOOL OFFICIALS FOR REFERENCES AS TO YOUR QUALIFICATION, CHARACTER AND RELIABILITY.

1. NAME _____ 2. NAME _____
 ADDRESS _____ ADDRESS _____

 PHONE _____ PHONE _____

3. NAME _____
 ADDRESS _____

 PHONE _____

WYNANTSKILL UFSD OFFERS EMPLOYMENT WITHOUT REGARDS TO SEX, RACE, COLOR, NATIONAL ORIGIN OR HANDICAP. COMPLAINTS RELATING TO COMPLIANCE WITH THIS POLICY MAY BE MADE TO: TITLE IX, SECTION 504 COORDINATOR, WYNANTSKILL UFSD, PO BOX 345, WYNANTSKILL, NY 12198 PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, THE WYNANTSKILL UFSD WILL PROVIDE REASONABLE ACCOMMODATIONS TO JOB APPLICANTS AND EMPLOYEES WHO ARE QUALIFIED INDIVIDUALS AND DISABILITIES.

NOTE: APPLICATION FORMS BECOME PART OF YOUR PERMANENT RECORDS FOLDER. PLEASE BE CERTAIN THAT ALL INFORMATION IS GIVEN CORRECTLY.