

**COACHING APPLICATION
(TEACHER CERTIFIED)
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 PHONE NUMBER

SECOND CONTACT NUMBER

SOCIAL SECURITY NUMBER

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

TYPE OF NEW YORK STATE CERTIFICATION HELD:

CERTIFICATE OF QUALIFICATION _____ PROVISIONAL _____ PERMANENT _____

VALID FOR SUBJECT (S) _____

EXPIRATION _____ NUMBER _____

(REQUIREMENTS FOR TEACHER CERTIFIED COACHES)

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

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

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 / TEACHING EXPERIENCE

DATES	SCHOOL NAME & ADDRESS	SUBJECTS/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.