

ALTMAR PARISH WILLIAMSTOWN CENTRAL SCHOOL DISTRICT
Athletic Department
 639 County Route 22 - PO Box 97, Parish, New York 13131

APPLICATION FOR COACHING POSITION

Return to: Mr. Jamie Coppola, Director of Health, Physical Education, Athletics and Recreation
jcoppola@apw.cnyric.org

Sport/Position applying for _____ **Date:** _____

Name: _____ **Phone:** _____

Address: _____ **Work Phone:** _____

_____ **Cell Phone:** _____

E-mail Address: _____

Number of years of coaching experience in this sport in JH, JV, or varsity levels _____

Are you a certified physical education teacher? _____

Are you a certified teacher in New York State? _____

Are you certified in Red Cross First Aid? _____ **Year you were last certified?** _____

Are you certified in CPR/AED? _____ **Year you were last certified?** _____

Have you been Fingerprinted through the New York State Education Department? _____

Do you possess a current NYS Coaching Certificate? _____

If not, are you in the process of obtaining the certificate? _____

Explain where in the process you are in obtaining the NYS Coaching Certification: _____

List the major sports and level at which you participated:

Sport	Level	Where	When	Accomplishments

Coaching experience:

Sport	Level	Where	When	Accomplishments

Other related information (organizations, memberships, awards, etc.)

List those individuals having personal knowledge of your coaching ability, experience and character:

Name	Position	Address

In your own handwriting add any information you believe will assist in arriving at a true estimate of your qualifications.

CONSENT AND RELEASE

I, _____, hereby authorize the APW Central School District to contact my references regarding my past employment with them and any other references. I further waive any cause of action against the District, its officers, employees and agents, which I may have as a result of the release of said employment information.

Signature: _____

Date: _____

SSN: _____

Social Security Number required if you are not presently employed with the APW School District.

COMPLETION BY Athletic Director

Anticipated Date of Board Action: _____

The individual/position listed above has been approved for recommendation to the Board of Education to be paid at Level _____, in accordance with the Faculty Association Agreement

Athletic Director: _____

Date: _____

Superintendent Approval: _____

Date: _____