



# Altmar-Parish-Williamstown Central School District

## Athletics



659 County Route 22 • Parish, NY 13131



(315)625-5232



(315) 625-5251



www.apwschools.org

### APPLICATION FOR COACHING POSITION

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 Modified, JV or Varsity levels: \_\_\_\_\_

Are you a certified teacher in New York State? Yes No

Are you a certified physical education teacher? Yes No

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? Yes No

Are you in the process of obtaining the certificate? Yes No

Explain: \_\_\_\_\_

List the major sports and level at which you participated:

Sport	Level	Location	Dates	Accomplishments

Coaching experience:

Sport	Level	Location	Dates	Accomplishments

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

\_\_\_\_\_

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

Name	Position	Phone Number

Please add any information you believe will assist in arriving at a true estimate of your qualifications:

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**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.*

**Please submit application to the Athletic Coordinator, Mr. Scott Stanard at:  
(315) 625-5232, [sstanard@apw.cnyric.org](mailto:sstanard@apw.cnyric.org) or via mail at PO Box 97, Parish, NY 13131**

**COMPLETION BY Athletic Coordinator:**

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:

Coach	Level	Stipend Amount
Varsity	1	\$6,750
Varsity Assistant	1A	\$5,550
Junior Varsity	2	\$5,550
Modified	3	\$3,600

Athletic Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_

Date: \_\_\_\_\_