



Altmar-Parish-Williamstown Central School District

Athletics



659 County Route 22 • Parish, NY 13131



(315) 625-5251



(315) 625-5251



www.apwschools.org

APPLICATION FOR COACHING POSITION

Please email completed application to: Mr. Scott Stanard at: ssanard@apw.cnyric.org

Sport: _____ Position: _____

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Number of years coaching experience in this sport & levels: _____

Are you a certified physical education teacher? _____

Are you a New York State certified teacher? _____ Subject: _____

Are you Red Cross First Aid Certified? _____ Date: _____

Are you CPR/AED Certified? _____ Date: _____

New York State Ed Dept. Fingerprint Clearance? _____ Date: _____

Are you a Certified NYS Coach? _____

Are you in the process of NYS coach certification? Yes No Date: _____

Status in NYS Coach Certification Process? _____

PERSONAL EXPERIENCE: List the sports and level at which you participated

Sport	Level	Location	Dates	Accomplishments

COACHING EXPERIENCE:

Sport	Level	Location	Dates	Accomplishments

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

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

Name	Title/Organization	Phone/Email

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

APPLICANT 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.

Applicant Signature: _____ **Date:** _____

Social Security #: _____

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

To be completed and submitted by the Athletic Director at least 2 weeks prior to Board of Education Meeting

Anticipated Date of Board Action: _____ **Level Rate of Payment:** _____

*The individual/position listed above has been approved for recommendation to the Board of Education
and to be paid in accordance with the APW CSD Faculty Association Agreement.*

Athletic Coordinator: _____ **Date:** _____

Superintendent: _____ **Date:** _____