



SCHALMONT CENTRAL SCHOOL DISTRICT
 4 Sabre Drive, Schenectady, NY 12306
 Phone: (518) 355-9200 ext. 4001
www.schalmont.org



COACHING APPLICATION

Position applying for: _____

PERSONAL INFORMATION

Name: _____ Soc. Security #: _____

Present Address: _____

Permanent Address: _____

Check box if same as above

Telephone: _____

Are you legally available for employment in this country? ____ Yes ____ No

(Upon employment, you will be asked to produce two original forms of identification in accordance with the Immigration Reform and Control Act).

Present Position: _____ Location: _____

When can you begin coaching: _____

CERTIFICATION Please put a (√) next to the certification(s) you currently hold.

- | | | | |
|--|---|------------------------------------|--|
| <input type="checkbox"/> P.E. teacher | <input type="checkbox"/> Course I Philosophy | <input type="checkbox"/> First Aid | <input type="checkbox"/> Temporary License |
| <input type="checkbox"/> Certified teacher | <input type="checkbox"/> Course II Health Science | <input type="checkbox"/> CPR | <input type="checkbox"/> Permanent License |
| <input type="checkbox"/> Non-teacher | <input type="checkbox"/> Course III Theory/Techniques | | |

If you do not have valid certification, describe your plan to obtain a certificate appropriate to the position for which you are applying: _____

Are you or have you been a member of the NYS Employees or Teacher Retirement System? Yes No

(If yes, provide membership number) _____

Non-Discrimination Notice: The Schalmont Central School District does not discriminate on the basis of race, color, national origin, creed, sex and age or handicap as decreed by Law, and is in compliance with Title IX of the Educational Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973.

Applicants must furnish all information requests. Do not answer by saying “see resume”. If additional space is needed for any answer, attach additional pages. Remember to sign statement on last page of application.

EMPLOYMENT HISTORY: Begin with the most recent and use additional pages if necessary

Employer:

Immediate Supervisor, Title & Telephone:

May we contact for references? Yes No Later

Address:

Dates Employed:

Your Job Title:

Reason for Leaving:

Describe the work performed and job responsibilities

Employer:

Immediate Supervisor, Title & Telephone:

May we contact for references? Yes No Later

Address:

Dates Employed:

Your Job Title:

Reason for Leaving:

Describe the work performed and job responsibilities

Employer:

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May we contact for references? Yes No Later

Address:

Dates Employed:

Your Job Title:

Reason for Leaving:

Describe the work performed and job responsibilities

EDUCATION

High School Attended:

Are you a graduate?

Undergraduate School(s) Attended

Major Subjects

Degree

_____	_____	_____
_____	_____	_____
_____	_____	_____

Graduate School(s) Attended

Major Subjects

Degree

_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional and Scholastic Organizations, Memberships, Honors (Exclude organizations the name or character of which indicates the race, color or national origin of its members)

Have you ever been convicted of any crime or misdemeanor other than a minor traffic violation?

Yes No

If yes, please give details:

Have you ever been convicted of any crime or misdemeanor other than a minor traffic violation?

Yes No

If yes, please give details:

UNITED STATES ARMED SERVICES RECORD

Dates: From – To

Branch

Highest Rank

Do you have any continuing Reserve Obligations?

REFERENCES FAMILIAR WITH YOUR COACHING EXPERIENCE

Name	Position	Phone

CANDIDATE'S STATEMENT

In your own handwriting, indicate those strengths you have which will enable you to contribute to the athletic program of the Schalmont Central School District. Indicate attributes you feel would distinguish you from other candidates for this position.

[Large empty box for candidate's statement]

Read carefully before signing: I hereby certify that the statements made and the information supplied are true and correct. I understand that falsification of any part of the application constitutes cause for rejection of application or dismissal after employment.

My signature below authorizes the Schalmont Central School District to obtain any or all records or information regarding employment from my prior employers, notwithstanding any stipulations with respect to confidentiality. I waive my right or access to any information submitted by references. I further agree to take any physical examinations the District may deem necessary.

Signature: _____ Date: _____

Return this application to: Superintendent of Schools
Schalmont Central School District
4 Sabre Drive
Schenectady, NY 12306