

# Schoharie Central School

## COACHING APPLICATION FOR EMPLOYMENT

<b>OFFICE USE ONLY</b>	
Application Received Date _____	
Fingerprint Verification _____	
Board Approval Date _____	

SCHOHARIE CENTRAL SCHOOL IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY. THIS APPLICATION WILL NOT BE USED FOR LIMITING OR EXCLUDING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW. APPLICANTS REQUIRING REASONABLE ACCOMMODATION IN THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE SCHOOL.

**PLEASE PRINT AND COMPLETE THIS FORM IN DETAIL. BE SPECIFIC AND FILL IN ALL APPROPRIATE AREAS. (ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE)**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 TELEPHONE #: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_  
 YEARS AT THIS ADDRESS: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_

	STREET ADDRESS	CITY/STATE/ZIP	HOW LONG
LIST PRIOR ADDRESSES OVER PAST FIVE YEARS	1. _____	_____	_____
	2. _____	_____	_____

HAVE YOU BEEN EMPLOYED PREVIOUSLY BY SCS?                      YES      NO                      IF YES, WHEN AND WHERE \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.?      YES      NO                      IF NO, EXPLAIN \_\_\_\_\_

DO YOU HOLD A VALID TEACHING CERTIFICATE?                      YES      NO                      IF YES, LIST AREAS & EFFECTIVE DATES \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**POSITION APPLYING FOR**

SEASON	SPORT NAME	LEVEL	CAPACITY
FALL		Varsity	Coach
		Jr. Varsity	Assistant
		Modified	Volunteer
WINTER		Varsity	Coach
		Jr. Varsity	Assistant
		Modified	Volunteer
SPRING		Varsity	Coach
		Jr. Varsity	Assistant
		Modified	Volunteer

**COACHING LICENSE**

TEMPORARY \_\_\_\_\_                      PROFESSIONAL \_\_\_\_\_                      IN PROGRESS \_\_\_\_\_                      (ATTACH COPIES)

LICENSED SPORTS: \_\_\_\_\_                      EFFECTIVE DATES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COACHING COURSES**

COMPLETED PHILOSOPHY, PRINCIPLES & ORGANIZATION OF ATHLETICS?	YES	NO	IF YES, WHEN? (ATTACH COPY)
COMPLETED HEALTH SCIENCES APPLIED TO COACHING?	YES	NO	IF YES, WHEN? (ATTACH COPY)
COMPLETED THEORY & TECHNIQUES OF COACHING IN EDUCATION?	YES	NO	IF YES, WHEN? (ATTACH COPY)
COMPLETED FIRST AID / CPR / AED CERTIFICATION?	YES	NO	IF YES, WHEN? (ATTACH COPY)
COMPLETED VIOLENCE PREVENTION WORKSHOP?	YES	NO	IF YES, WHEN? (ATTACH COPY)
COMPLETED CHILD ABUSE AND MALTREATMENT WORKSHOP?	YES	NO	IF YES, WHEN? (ATTACH COPY)
HAVE YOU BEEN FINGERPRINTED FOR A <u>SCHOOL DISTRICT</u> IN NYS?	YES	NO	IF YES, WHEN AND WHERE?

**EDUCATION**

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	MAJOR SUBJECTS STUDIED	FULL-TIME OR PART-TIME	# OF CREDIT HOURS COMPLETED	GRADUATE YES OR NO	DEGREE RECEIVED (TYPE)
SCHOOL						
COLLEGE						
COLLEGE						
OTHER						

**WORK EXPERIENCE**

EMPLOYER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 IMMEDIATE SUPERVISOR: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_  
 POSITION HELD: \_\_\_\_\_  
 \_\_\_\_\_  
 START DATE: \_\_\_\_\_  
 END DATE: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 IMMEDIATE SUPERVISOR: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_  
 POSITION HELD: \_\_\_\_\_  
 \_\_\_\_\_  
 START DATE: \_\_\_\_\_  
 END DATE: \_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

NAME AND PHONE NUMBER: \_\_\_\_\_

**REFERENCES**

NAME & TITLE:	NAME & TITLE:
PHONE:	PHONE:
EMAIL:	EMAIL:
ADDRESS:	ADDRESS:
NAME & TITLE:	NAME & TITLE:
PHONE:	PHONE:
EMAIL:	EMAIL:
ADDRESS:	ADDRESS:

**MORAL CHARACTER DETERMINATION**

ANSWER EACH QUESTION BY CIRCLING "YES" OR "NO." IF YOU ANSWER "YES" TO ANY QUESTION, PLEASE INCLUDE A FULL EXPLANATION FOR YOUR ANSWER BELOW AND ATTACH ADDITIONAL PAGES AS NECESSARY.

A. HAVE YOU EVER BEEN DISMISSED FROM, RESIGNED FROM, ENTERED INTO A SETTLEMENT AGREEMENT, OR OTHERWISE LEFT EMPLOYMENT TO AVOID INVESTIGATION AND/OR DISMISSAL FOR ALLEGED MISCONDUCT?

YES NO

B. ARE YOU THE SUBJECT OF ANY PENDING INVESTIGATION AND/OR DISCIPLINARY CHARGE(S) PERTAINING TO PROFESSIONAL MISCONDUCT OR EMPLOYMENT IN ANY JURISDICTION?

YES NO

C. HAVE YOU EVER HAD AN APPLICATION FOR A TEACHING, PROFESSIONAL OR VOCATIONAL CREDENTIAL (I.E., LICENSE, CERTIFICATE OR REGISTRATION) IN NEW YORK OR ANY OTHER JURISDICTION DENIED?

YES NO

D. HAVE YOU EVER SURRENDERED A TEACHING, TEACHING ASSISTANT, PROFESSIONAL, OR VOCATIONAL CREDENTIAL (I.E., LICENSE, CERTIFICATE OR REGISTRATION) **OR** HAD SUCH CREDENTIAL REVOKED, SUSPENDED, INVALIDATED OR OTHERWISE SUBJECTED TO A DISCIPLINARY PENALTY IN ANY JURISDICTION?

YES NO

E. HAVE YOU EVER BEEN FOUND GUILTY AFTER TRIAL, OR PLEADED GUILTY, NO CONTEST, NOLO CONTENDERE, OR HAD ADJUDICATION WITHHELD TO A CRIME (FELONY OR MISDEMEANOR) IN ANY COURT?

YES NO

F. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGE(S) PENDING AGAINST YOU?

YES NO

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