

COACH APPLICATION

Personal Data:

Name:

Last

First

Middle

Address: _____

Street

City

State

Zip

County

Home Phone: _____

Cell Phone: _____

Social Security Number: _____ - _____ - _____

Have you ever worked for Clyde-Savannah School District before? ____yes ____no

If yes, give dates and locations: _____

Are you a member of the New York State Retirement system? ____yes ____no Retirement Number _____

(If you are not currently a member of the New York State Retirement System, you may elect to join; if hired.)

Check type of position desired:

List your NYS Coaching Certificates, indicating the type of certificate, sport, and expiration date:

*Certificate: _____ Expiration Date: _____

*Certificate: _____ Expiration Date: _____

*Certificate: _____ Expiration Date: _____

(*Please include copies of any certificates obtained, as well as a copy of the NYSED Fingerprinting Clearance form.)

Can you perform the essential functions of this position *with* or *without* reasonable accommodations? _____

(Circle one

*Were you ever denied tenure, released, or asked to resign from a position?
(Teaching or other?)

YES

NO

*Were you ever convicted of any violation of law other than a
minor traffic violation?

YES

NO

*Is there any reason to believe your finger print clearance will be denied?

YES

NO

Have you received NYS finger printing clearance? Yes ____ No ____ If yes, [month] - _____ [year] - _____

(*If you answered yes to any of these questions, please attach an explanation with date, location, and nature of act. No applicant will be excluded from consideration based on prior convictions.)

Educational and Professional Training:

	<i>School(s)</i>	<i>Major</i>	<i>Degree/Certification Received</i>
<i>College</i>			
<i>Post Graduate</i>			

Coaching Experience:

<i>No. Yrs. Experience</i>	<i>Inclusive Dates:</i> <i>From To</i>		<i>Name of School/Organization</i>	<i>Location</i>	<i>Sport/Level</i>

Non-Coaching Work Experience:

<i>Position Held</i>	<i>Inclusive Dates</i> <i>From To</i>		<i>Name and Address of Employer</i>	<i>Name and Address of Supervisor</i>

References:

Give the names of those who have closely observed your work or who can attest to your character and ability. Please do not list relatives.

<i>Name</i>	<i>Position</i>	<i>Organization</i>	<i>Telephone Number</i>

I declare that the statements made in this application (including statement made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true, correct, and complete. Any false statements made, if subsequently discovered, may result in termination of employment.

Signature

Date

Non-Discrimination Notice

The Clyde-Savannah Central School District does not discriminate in employment based on race, creed, age, color, national origin, sex, disability or marital status and is in compliance with Title IX and with Section 504 of the Rehabilitation Act of 1973.