

ALEXANDER CENTRAL SCHOOL

3314 BUFFALO STREET
ALEXANDER, NY 14005
(585) 591-1551

COACHING APPLICATION

PERSONAL INFORMATION

SOCIAL SECURITY

NAME _____
(LAST) (FIRST) (MI)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

PHONE
NUMBER _____
(HOME) (WORK) (CELL)

E-MAIL ADDRESS:

WHAT COACHING POSITION ARE YOU APPLYING FOR: _____

EDUCATION

HIGH SCHOOL:	DEGREE:
COLLEGE:	DEGREE:
	MAJOR:
GRADUATE SCHOOL:	DEGREE:

TEACHING CERTIFICATION: YES NO DATE(S) OF CERTIFICATE(S): _____
CERTIFICATE NUMBER(S): _____

AREA(S) OF CERTIFICATION:

PROFESSIONAL COACHING CERTIFICATE: YES NO DATE OF CERTIFICATE: _____

EMPLOYER

LIST BELOW YOUR CURRENT OR LAST EMPLOYER

DATE (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM/TO:		

REFERENCES: LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME AND ADDRESS	PHONE	YEARS ACQUAINTED

WHAT EXPERIENCES AS A PLAYER AND/OR COACH HAVE YOU HAD: _____

EMERGENCY INFORMATION IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____ PHONE(S) _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY (EXCEPT TRAFFIC VIOLATIONS)? YES _____ NO _____

IF YES, ATTACH SUMMARY OF DETAILS. DISCLOSURE OF A CRIMINAL RECORD DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION. YOUR CASE WILL BE JUDGED ON ITS OWN MERITS.

HAVE YOU EVER BEEN DISCIPLINED UNDER EDUCATION LAW SECTION 3020-A, OR SETTLED CHARGES BROUGHT UNDER THAT SECTION? YES _____ NO _____

HAVE YOU EVER BEEN DISCIPLINED UNDER COMMISSIONER'S REGULATION PART 83, OR SETTLED CHARGES BROUGHT UNDER THAT PART? YES _____ NO _____

ARE YOU SUBJECT TO PENDING DISCIPLINARY ACTION UNDER EDUCATION LAW §3020-A OR PART 83? YES _____ NO _____

IF YOU ANSWER "YES" TO ANY OF THESE QUESTIONS, YOU MUST PROVIDE DETAILS ON A SEPARATE SHEET.

MY SIGNATURE BELOW INDICATES THAT THE ANSWERS I HAVE GIVEN ABOVE AND ON ANY ATTACHMENTS ARE TRUTHFUL TO

THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT ANY MATERIAL FALSE STATEMENTS WILL BE GROUNDS FOR DENYING MY APPLICATION, OR TERMINATING MY APPOINTMENT, IF ALREADY APPOINTED.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION.

SIGNATURE _____ DATE _____

REVIEWED BY: _____ DATE: _____

APPROVED NOT APPROVED