

New Hartford Central School District

Date ____ / ____ / ____

Application to Coach

Coaching Position Applying for:

☐ Head Coach ☐ Asst. Coach ☐ Volunteer Coach ☐ Boys ☐ Girls ☐ Varsity ☐ JV ☐ Mod.

Personal Information (Please print)

Name _____
First Middle Last

Current Address _____
(Street, City, Zip)

Phone: (____) _____ Email: _____

Are you a U.S. Citizen? ☐ Yes ☐ No If no, have you filed a declaration of intention to become a citizen? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, please explain: _____

Have you ever been dismissed or asked to resign from any position? ☐ Yes ☐ No If yes, please explain: _____

Do you work in a school district? ☐ Yes ☐ No If yes, _____ School District.

Do you have a NYS TEACH account set up? ☐ Yes ☐ No

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissioner of Education (Criminal/History Record Check for Prospective School Employees & Applicants for Certification)? ☐ Yes ☐ No

Certification Information (Please attach copies as proof. Applications will not be considered without them.)

Do you have a NYS First Aid for Coaches certificate? ☐ Yes ☐ No

Do you have a valid CPR/AED certification? ☐ Yes ☐ No

Are you a certified teacher in NYS? ☐ Yes ☐ No If No, are you a NYS certified coach? ☐ Yes ☐ No

Have you taken the NYS approved course in "Philosophy, Principals and Organization of Athletics? ☐ Yes ☐ No

Have you taken the NYS approved course in "Health Science Applied to Coaching? ☐ Yes ☐ No

Have you taken the NYS approved course in "Theory & Techniques of Coaching" in the sport you are applying for?
☐ Yes ☐ No

Have you taken a workshop in "Recognition and Reporting of Child Abuse? ☐ Yes ☐ No

Have you taken a workshop in violence prevention in schools? ☐ Yes ☐ No

Certification

I hold the New York State Coaching Certificate(s) described below. (Please provide copies)

Sport	Type of Certificate	Effective Date	Expiration Date (if applicable)

Employment History

Employer/Address/Phone #	Dates of Employment	Title

Prior Coaching Experience

Coaching Position	Sport	School District/Organization	Dates	Supervisor/Phone #

Prior Playing Experience

Sport	Level	Team/Organization	Dates

Educational Preparation

Level	Name & Address of Institutions Attended	Dates attended	Major	Semester Hours	Degree
High School					
Undergraduate					
Graduate					

References

Please list references who would have knowledge of your qualifications for this position.

Name	Address & Phone Number	Position

May we refer to your present employer? ☐ Yes ☐ No May we refer to your former employer? ☐ Yes ☐ No

Applicant's Statement

Give any additional information that you think might be of value in considering you for a position.

If hired, I understand that coaching appointments are for one-year intervals and must be renewed yearly. I agree to abide by all policies and procedures established by the New Hartford Central School District Athletic Department, Board of Education, and the Public High School Athletic Association.

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application or termination of employment.

I authorize investigation of all statements contained in this application for employment, my resume, my educational background and any prior or subsequent employment, as may be necessary in arriving at any employment decision, or in arriving at other decisions relating in any way whatsoever to my employment.

Applicant's Signature

Date

Return completed application to:
Athletic Director – New Hartford Central School District – 33 Oxford Road, New Hartford, NY 13413
Equal Opportunity Employer