

**HIGHLAND CENTRAL SCHOOL DISTRICT
HIGHLAND, NEW YORK 12528**

APPLICATION FOR COACHING POSITION

ATHLETIC OFFICE, HIGHLAND HIGH SCHOOL, 320 PANCAKE HOLLOW ROAD, HIGHLAND, NEW YORK 12528
TELEPHONE: 845-691-1032

Position _____ **Date Available** _____

PERSONAL DATA

Name: _____				
Last	First	Middle		
Present Address: _____			Telephone: _____	
Street	City	State	Zip	
Permanent Address: _____			Telephone: _____	
Street	City	State	Zip	
Social Security Number: _____		Retirement Number: _____		
Present Occupation & Employer: _____				

CERTIFICATION / COURSES

Please check those requirements which you have completed and provide appropriate documentation:	
_____	First Aid Certification
_____	Adult CPR
_____	Identification and Reporting of Child Abuse and Maltreatment
_____	Training in School Violence Prevention and Intervention
Required Coaching Courses:	
_____	Philosophy, Principles, and Organization of Athletics in Education
_____	Theory and Techniques of Coaching
_____	Health Sciences Applied to Coaching
Comments: _____	

EDUCATION PREPARATION (Chronological Order)

HIGH SCHOOL/COLLEGE/UNIVERSITY	LOCATION	DATES ATTENDED	DEGREE EARNED	DATE CONFERRED	MAJOR	MINOR

Number of Graduate Credits beyond BA (if you do not hold a Master's Degree) _____

Number of Graduate Credits beyond MA (if you do not hold a Ph.D. or Ed.D.) _____

STUDENT TEACHING EXPERIENCE

SCHOOL	ADDRESS	DATES	SUPERVISING TEACHER

COACHING / TEACHING / ADMINISTRATIVE EXPERIENCE (Chronological Order)

SCHOOL AND DISTRICT	ADDRESS	DATES FROM TO	GRADE/SUBJECT	REASON FOR LEAVING

TENURE IN PRIOR DISTRICTS

DISTRICT	ADDRESS	APPOINTMENT DATE	TENURE AREA

NON-TEACHING EXPERIENCE

FIRM OR ORGANIZATION	ADDRESS	DATES	POSITION

Are you a citizen of the United States? YES _____ NO _____

Have you ever been convicted of a crime? _____

If yes, give details: _____

Fingerprinting is required of all district employees per 2001 SED Regulations. Have you been fingerprinted under these new regulations? YES _____ NO _____

Have you ever been brought up on 3020A charges? YES _____ NO _____

If yes, what was the outcome of the charges? _____

What was the reason for the 3020A charge? _____

REFERENCES

List **three**; especially immediate supervisors, others may include cooperating teachers, colleagues and central office staff.

NAME	OFFICIAL POSITION	ADDRESS (Include Zip Code)	TELEPHONE

FOR SCHOOL DISTRICT USE ONLY

REFERENCE CHECK

This section to be completed by immediate supervisor

1. _____
Name of Reference Date Comments: _____

2. _____
Name of Reference Date Comments: _____

3. _____
Name of Reference Date Comments: _____

Signature of person making reference check

Date

CANDIDATE’S STATEMENT

It is suggested that the candidate use this page to comment briefly on any other experience or special ability, which may contribute to your success, if you are selected for the position for which you have applied. Any additional information that will assist the administrators of the Highland Central School District to more accurately determine your qualifications is also welcome.

Coaching Philosophy: _____

Team goals and/or expectations for the season: _____

CANDIDATE’S AFFIDAVIT

I certify that the information given in this application is correct.

I understand that any false statement made on this application, or withheld information pertinent to my candidacy constitutes grounds for immediate dismissal.

Signature: _____ Date: _____