

ENLARGED CITY SCHOOL DISTRICT OF TROY, NEW YORK
475 First Street, Troy NY 12180 • (518) 328-5041 • www.troycsd.org
An Equal Opportunity / Affirmative Action Employer

NAME _____
ADDRESS _____
HOME PHONE _____ CELL PHONE _____
E-MAIL ADDRESS _____
SS No. _____ Retirement No. _____

DATE _____

How did you find out about this position?

Posting (Where?) _____

Website (Where?) _____

Word of Mouth _____ Newspaper _____

Other _____

COACHING APPLICATION

Have you ever been dismissed or asked to resign from a position? _____ Yes _____ No

If yes, please explain

Have you ever been convicted of a crime, excluding minor traffic violations? _____ Yes _____ No

If yes, please explain on a separate sheet, citing date, offense and disposition of case.

Do you have any disability which would prevent you from performing, with or without assistance, those activities involved in the position for which you are applying? _____ Yes _____ No

Estimate your total absence from work for the past five years _____

Are you a U. S. Citizen? _____ Yes _____ No

If no, are you legally eligible to work? _____ Yes _____ No

Have you been fingerprinted? _____ Yes _____ No

If yes, where _____ When _____

EDUCATION & PROFESSIONAL TRAINING

(List in chronological order, beginning with High School.)

SCHOOL/LOCATION	MAJOR	MINOR	DIPLOMA or DEGREE
HIGH SCHOOL _____	_____	_____	_____
COLLEGE _____	_____	_____	_____
BUSINESS/TRADE/OTHER _____	_____	_____	_____
CERTIFICATES HELD _____	_____	_____	_____

Describe any scholastic honors or service awards you have received.

CLASSIFICATION (check all that apply):

___ I am presently employed with the Enlarged City School District of Troy, NY

Physical Education Teacher ___ Classroom Teacher ___ Substitute Teacher ___ Other ___

___ I am a former / retired employee of the Enlarged City School District of Troy, NY

School: _____ Position: _____ Duration: _____

___ I am not employed by the Enlarged City School District of Troy, NY, but my *current employer* is:

Employer: _____ Position: _____ Duration: _____

PLEASE INDICATE THE POSITION(S) YOU ARE APPLYING FOR:

SEASON	SPORT	LEVEL	POSITION
Fall	Sport: _____	___ Varsity ___ Jr. Varsity ___ Freshman ___ Modified	___ Head Coach ___ Asst. Coach
Winter	Sport: _____	___ Varsity ___ Jr. Varsity ___ Freshman ___ Modified	___ Head Coach ___ Asst. Coach
Spring	Sport: _____	___ Varsity ___ Jr. Varsity ___ Freshman ___ Modified	___ Head Coach ___ Asst. Coach

A. CERTIFICATION

DO YOU HOLD A VALID NYS TEACHING CERTIFICATE? ___ YES ___ NO SUBJECT(S): _____

___ I hold First Aid / CPR / AED certification. *Please attach copies of certifications.*
(It is your responsibility to have the required certification completed prior to the start of the season.)

B. COACHING COURSES (Classroom Teacher and Non-Teacher)

Completed (check one) Enrolled

- | | | |
|---|-----|-----|
| 1. Philosophy, Principles & Organization of Athletics in Education
<i>(must be completed within 2nd year of coaching)</i> | ___ | ___ |
| 2. Health Sciences Applied to Coaching
<i>(must be completed within 3^d year of coaching)</i> | ___ | ___ |
| 3. Theory and Techniques of Coaching in Education
<i>(must be completed within 3^d year of coaching)</i> | ___ | ___ |

C. Additional Courses (ALL Coaches)

Completed (check one) Enrolled

- | | | |
|-----------------------|-----|-----|
| 1. Child Abuse Course | ___ | ___ |
| 2. Violence Course | ___ | ___ |

D. License Status (Non-Teacher Applicants Only)

- ___ I presently hold a temporary coaching license. *Please attach copy of license.*
 ___ I presently hold a professional coaching license. *Please attach copy of license.*

EMPLOYMENT EXPERIENCE

List all employers in chronological order with the most recent experience first. Use additional sheet if needed.

	NAME / ADDRESS	SUPERVISOR'S NAME/TITLE	FROM	TO	REASON FOR LEAVING
1.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	JOB TITLE: <div></div>				
	Describe your job responsibilities: <div></div>				
	<div></div>				
	<div></div>				

	NAME / ADDRESS	SUPERVISOR'S NAME/TITLE	FROM	TO	REASON FOR LEAVING
2.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	JOB TITLE: <div></div>				
	Describe your job responsibilities: <div></div>				
	<div></div>				
	<div></div>				

	NAME / ADDRESS	SUPERVISOR'S NAME/TITLE	FROM	TO	REASON FOR LEAVING
3.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	JOB TITLE: <div></div>				
	Describe your job responsibilities: <div></div>				
	<div></div>				
	<div></div>				

	NAME / ADDRESS	SUPERVISOR'S NAME/TITLE	FROM	TO	REASON FOR LEAVING
4.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
	JOB TITLE: <div></div>				
	Describe your job responsibilities: <div></div>				
	<div></div>				
	<div></div>				

REFERENCES

(List below three (3) references, include at least one supervisor.)

	NAME	POSITION/RELATIONSHIP	ORGANIZATION	PHONE #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

APPLICANT'S STATEMENT

I certify that, the information contained in this application is true and correct to the best of my knowledge. I understand that false or incorrect information in this application is grounds for disqualification from further consideration or for subsequent dismissal from employment, if I am hired. I hereby consent to have the Enlarged City School District of Troy contact anyone it deems appropriate to investigate or verify any information I have given or to discuss my background, past performance or suitability for employment. I hereby authorize my former employer(s), reference(s) and any other individual or organization to provide information solicited by the District. I hereby release and discharge each of the above, including the District, from any liability of any kind or nature and waive all rights to bring any action for defamation, invasion of privacy or any similar course of action against anyone contacted as a result of what he or she may say about me.

SIGNATURE OF APPLICANT

PRINT NAME OF APPLICANT

DATE

ENLARGED CITY SCHOOL DISTRICT OF TROY, NEW YORK
Office of Human Resources
475 First Street, Troy NY 12180 • (518) 328-5041 • www.troycsd.org

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VOLUNTARY AFFIRMATIVE ACTION INFORMATION

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

DATE: _____

NAME: _____
Last First Middle

ADDRESS: _____

TELEPHONE NO. _____ CELL NO. _____

The Board of Education is committed to ensuring human rights in the school district. The Board, its officers and employees, will not discriminate against any student, employee or applicant for employment on the basis of race, color, sex, national origin, creed or religion, marital status, disability or age. The school district will establish and maintain an atmosphere in which all children can develop attitudes and skills for effective, cooperative living. This policy of non-discrimination includes: access by students to educational programs, counseling services for students, course offerings and student activities, recruitment and appointment of employees, and employment pay and benefits.

This form will be used to support Policy 0100 and to maintain applicant flow data by race and gender.

In an effort to comply with requirements regarding District record keeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated. Please be advised that your survey is NOT a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Please check appropriate categories.

_____ U.S. Citizen

_____ Resident Alien

_____ Male

_____ Female

_____ Asian

_____ American Indian or Alaskan Native

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ Hispanic or Latino (white race only)

_____ White

_____ Hispanic or Latino (all other races)

_____ Veteran

_____ Handicapped Person

_____ Disabled Veteran

'While the provision of this information is voluntary on your part, our statutory responsibilities contemplate the collection of reliable information and we, therefore, encourage you to participate.'