

### An Equal Opportunity / Affirmative Action Employer

<b>COACHING APPLICATION</b>			Today's Date:		
How did you find out about this position?					
Posting (Where)?			Website (Where)?		
Word of Mouth <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Other:			
<b>PERSONAL INFORMATION</b>					
Name:					
Permanent Address:			City/State/Zip:		
Mailing Address (if different):					
Posting # (for position you are applying for):			E-Mail Address:		
Home Phone No.			Cell Phone No.		
<b>PERSONAL INFORMATION</b>					
Have you ever been dismissed or asked to resign from a position? If yes, please explain.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been convicted of, or pled guilty to a felony or misdemeanor crime? If yes, please explain below.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you able to perform the essential functions of the job with or without reasonable accommodations?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>BACKGROUND INFORMATION</b>					
Are you a US Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, are you legally eligible to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been fingerprinted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Where? _____ When? _____					

## EDUCATION & PROFESSIONAL TRAINING

(List in chronological order, beginning with High School)

School/Location	Major	Minor	Diploma/Degree
High School			
College			
Business/Trade/Other			

### Certificates Held:

Describe any scholastic honors or service awards you have received:

## CLASSIFICATION

(Please check all that apply)

I am presently employed with the Troy City School District

Physical Education Teacher    Classroom Teacher    Substitute Teacher    Other \_\_\_\_\_

I am not employed by the Troy City School District, my current employer is:

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Duration: \_\_\_\_\_

### Please indicate the position(s) you are applying for:

SEASON	SPORT	LEVEL		POSITION
FALL		<input type="checkbox"/> Varsity	<input type="checkbox"/> Freshman	<input type="checkbox"/> Head Coach <input type="checkbox"/>
		<input type="checkbox"/> Jr. Varsity	<input type="checkbox"/> Modified	Asst. Coach
WINTER		<input type="checkbox"/> Varsity	<input type="checkbox"/> Freshman	<input type="checkbox"/> Head Coach <input type="checkbox"/>
		<input type="checkbox"/> Jr. Varsity	<input type="checkbox"/> Modified	Asst. Coach
SPRING		<input type="checkbox"/> Varsity	<input type="checkbox"/> Freshman	<input type="checkbox"/> Head Coach <input type="checkbox"/>
		<input type="checkbox"/> Jr. Varsity	<input type="checkbox"/> Modified	Asst. Coach

## CERTIFICATION

Do you hold a NYS Teaching Certificate:    Yes    No   Subject: \_\_\_\_\_

COACHING COURSES (Classroom Teacher and Non-Teacher)	Completed	Enrolled
<b>Philosophy, Principles &amp; Organization of Athletics in Education</b> or NFHS-ACI Level 1 (must be completed within 2 <sup>nd</sup> year of coaching)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Sciences Applied to Coaching</b> or NFHS-ACI Level 2 (must be completed within 5 <sup>th</sup> year of coaching)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Theory and Techniques of Coaching in Education</b> (must be completed within 5 <sup>th</sup> year of coaching)	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL COURSES</b>		
Child Abuse Course	<input type="checkbox"/>	<input type="checkbox"/>
Violence Course	<input type="checkbox"/>	<input type="checkbox"/>
DASA Course	<input type="checkbox"/>	<input type="checkbox"/>

**LICENSE STATUS** *(Please attach a copy of your license)*

I presently hold a temporary coaching license.

I presently hold a permanent coaching license.

**EMPLOYMENT EXPERIENCE**

(List all employers in chronological order with the most recent experience first. Use additional sheet(s) if necessary)

	<b>NAME/ADDRESS</b>	<b>Supervisor (Name/Title) Phone/E-Mail Address</b>	<b>FROM/ TO</b>	<b>REASON FOR LEAVING</b>
1				
	Job Title:			
	Responsibilities:			
2				
	Job Title:			
	Responsibilities:			
3				
	Job Title:			
	Responsibilities:			
4				
	Job Title:			
	Responsibilities:			

## REFERENCES

(Please list three (3) references, include at least one supervisor)

NAME	POSITION/RELATIONSHIP	ORGANIZATION	PHONE/E-MAIL

## 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 the employment, if I am hired. I hereby consent to have the Troy City School District 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

Please return your completed application to:  
**Troy City School District**  
**Office of Human Resources**  
**475 First Street, Troy NY 12180**  
**Telephone: (518)328-5041 Fax: (518) 271-5194**

**An Equal Opportunity / Affirmative Action Employer**  
VOLUNTARY AFFIRMATIVE ACTION INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
                 (Last)    (First)    (Middle)

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

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, se, 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 and will not be used in any hiring decision.

**PLEASE CHECK APPROPRIATE CATEGORIES:**

- 1. U.S. Citizen  Resident Alien
- 2. Male  Female
- 3. Hispanic/Latino Yes  No  (Please check one)
- 4.  Asian  
 Black or African American  
 White  
 American Indian or Alaskan Native  
 Native Hawaiian or Other Pacific Islander

**EDUCATION LEVEL:**

- HS Diploma/ GED
- Freshman year completed
- Sophomore year completed
- Associate Degree completed
- Junior year completed
- Bachelor’s Degree completed
- BS +30 or more credits
- Master’s Degree completed
- MS +30 or more credits
- Doctorate completed

TOTAL YEARS OF PRIOR TEACHING EXPERIENCE (if applicable): \_\_\_\_\_

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