

GOVERNEUR CENTRAL SCHOOL DISTRICT
133 EAST BARNEY STREET
GOVERNEUR, NEW YORK 13642

Coaching Application

Date: _____

To the Applicant: *Thank you for your interest in our schools.*
Please complete and return this form to the Athletic Director at the above address.

Position(s) for which you are applying: _____

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street City State Zip

PERMANENT ADDRESS: _____
Street City State Zip

COUNTY: _____

TELEPHONE-PRESENT ADDRESS: _____ TELEPHONE- PERMANENT ADDRESS: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

EDUCATION AND PROFESSIONAL PREPARATION

High School	Address	Highest Grade Completed (or GED)	
College	Address	Degree	Semester Credit Hours
Trade School or Other Special Courses	Address	Major Course Work	
Trade School or Other Special Courses	Address	Major Course Work	

OTHER

Yes No

Are your fingerprints on file with the State Education Department (required by State Education Law)?
Please provide your social security number so we may obtain a copy of your clearance:

Social Security Number _____

If you do not have Fingerprint Clearance please see the Athletic Director. There is a one-time processing fee of \$94.50.

All persons employed for first-time coaching in the district must meet the following minimum requirements:

(Please attached any or all of the certificates that you have received to date)

- ___ First Aid for Coaches (must be updated every three years)
- ___ CPR for Coaches (must be updated every two years)
- ___ Completion of Identification and Reporting of Child Abuse Certification
- ___ Completion of School Violence Prevention and Intervention (SAVE) Certification
- ___ Must apply for a Coaching License on TEACH. Packets available in Athletic Office

(OVER)

(OVER)

ADULT WORK EXPERIENCE

List Past Employment (most recent first)

Name, Address and Phone # of Firm or Employer	Position Held	From/To	Salary

REFERENCES

List supervisors under whom you have worked and others who have first-hand knowledge of your character, personality, and ability to perform the duties and responsibilities for the position desired.

Name	Address	Phone	Official Position

What education and/or work experience do you feel enhance your ability to perform the duties and responsibilities for the position desired?

AUTHORIZATION FOR RELEASE OF WORK AND OTHER INFORMATION

I hereby authorize any individual, company, or institution listed above with whom I have been associated to furnish the Gouverneur Central School District with any information regarding my work experience, education, and other matters in order for it to make a decision on whether or not I should be employed.

Applicant's Signature

Date

The Gouverneur Central School District is in compliance with the Educational Amendment of 1972: Title IX, specifically disallowing any practice of discrimination. Connie J. Timmerman, Compliance Coordinator, may be contacted at 133 East Barney Street, Gouverneur, New York 13642: telephone (315) 287-4836.