

# EMPLOYMENT APPLICATION - COACHING

CHATHAM CENTRAL SCHOOL

50 Woodbridge Avenue

Chatham, NY 12037

518-392-2400

Date: \_\_\_\_\_

An Equal Opportunity Employer

NAME \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ NYS CERTIFIED TEACHER? \_\_\_\_ YES \_\_\_\_ NO

COACHING POSITION APPLYING FOR \_\_\_\_\_

## VALID CERTIFICATIONS HELD

If yes, please attach photocopies of all valid certificates to this application.

- 1) First Aid certification \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_
- 2) CPR/AED Certification \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_
- 3) Reporting Child Abuse Workshop \_\_\_\_ Yes \_\_\_\_ No
- 4) School Violence Intervention & Prevention Workshop \_\_\_\_ Yes \_\_\_\_ No
- 5) Dignity for All Students (DASA) Training \_\_\_\_ Yes \_\_\_\_ No
- 5) NYSED Fingerprint Clearance \_\_\_\_ Yes \_\_\_\_ No

Coaching Coursework Completed: (if yes, please include copy of completion certificate with application)

- 1) Philosophy, Principles & Organization of Athletics Course? \_\_\_\_ Yes \_\_\_\_ No
- 2) Health Sciences Applied to Coaching Course? \_\_\_\_ Yes \_\_\_\_ No
- 3) Theory & Techniques of Coaching Course? \_\_\_\_ Yes \_\_\_\_ No

ARE YOU A MEMBER OF THE N.Y.S. EMPLOYEES RETIREMENT SYSTEM? YES \_\_\_\_ NO \_\_\_\_ # \_\_\_\_\_

EDUCATION: NAME/ADDRESS OF SCHOOL	GRADUATION DATE	DIPLOMA DEGREE
-----------------------------------	-----------------	----------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

COACHING EXPERIENCE: (Begin with present and work backwards)

SCHOOL / ADDRESS	DATES
	FROM... TO

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER RESIGNED FROM A POSITION RATHER THAN FACE DISCIPLINARY ACTION?\_\_\_

Have you ever been accused or convicted of a crime (felony or misdemeanor); excluding minor traffic violations?  
Yes\_\_\_No\_\_\_

If yes, explain:\_\_\_\_\_

PERSONAL/PROFESSIONAL REFERENCES: (Please list three - at least one must be someone who is not employed by Chatham School District.)

NAME	ADDRESS	TELEPHONE #
1)_____	_____	_____
2)_____	_____	_____
3)_____	_____	_____

OATH OF ALLEGIANCE:

I do hereby affirm that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position of COACH according to the best of my ability.

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

\_\_\_\_\_  
Signed

I hereby acknowledge that I have been informed by CHATHAM CENTRAL SCHOOL DISTRICT, that as an employee not currently a member of the New York State Employees' Retirement System, I may, as a matter of right, join the New York State Employees' Retirement System. Membership in the Retirement System is mandatory for certain members and optional for others. Unless otherwise notified, your membership is optional. I further acknowledge that I understand under present law if I elect to join the New York State Employees' Retirement System, I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute 3% of my salary to the Retirement System.

I also understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member. It is my obligation to fill out proper forms.

\_\_\_\_\_  
Signature (all applicants must sign)

\_\_\_\_\_  
Date

FOLLOWING APPOINTMENT BY THE BOARD OF EDUCATION, PLEASE STOP AT THE DISTRICT OFFICE TO COMPLETE FEDERAL AND STATE WITHHOLDING FORMS AND THE IMMIGRATION FORM. IDENTIFICATION WILL BE NEEDED FOR THE IMMIGRATION FORM -- SOCIAL SECURITY CARD AND DRIVER'S LICENSE OR PASSPORT I.D. NYS EDUCATION LAW REQUIRES ALL EMPLOYEES TO BE FINGERPRINTED BY THE STATE EDUCATION DEPARTMENT. THE COST OF FINGERPRINTING WILL BE THE RESPONSIBILITY OF THE EMPLOYEE.