

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) 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
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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COACHING EXPERIENCE: (Begin with present and work backwards)

SCHOOL / ADDRESS	DATES
	FROM...TO

_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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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.