

WILSON CENTRAL SCHOOL DISTRICT

380 LAKE STREET; P.O. BOX 648

WILSON, NEW YORK 14172

PAID INTERSCHOLASTIC ATHLETICS COACHING APPLICATION

Name: _____

Phone: _____

Address: _____

SS #: _____

Street / P.O. Box #

(Optional. See Applicable Notice Below.)

Email: _____

City

State

Zip

Position being applied for: _____ Varsity _____ Junior Varsity _____ Modified

Coaching (or Relevant) Experience:

Dates: _____ Position/Job Duties: _____

Please summarize any additional information necessary to describe your full qualification:

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

Have you ever been dismissed or asked to resign from any employment? _____ Yes _____ No

Have you ever resigned from any employment after being told that you will be dismissed, disciplined, or denied tenure? _____ Yes _____ No

Have you ever failed to be re-appointed to any coaching or other position? _____ Yes _____ No

If you answered yes to any of the preceding four (4) questions, then please provide a full explanation on a separate sheet.

Have you been fingerprinted through the NYS Education Department? _____ Yes _____ No

Are you a certified teacher in New York State? _____ Yes _____ No

Are you able to perform the duties of the position? _____ Yes _____ No

Please check and SUBMIT A COPY of any of the CURRENT certificates held below:

Coaches First Aid _____ Yes

Child Abuse _____ Yes

Adult CPR/AED _____ Yes

SAVE _____ Yes

DASA _____ Yes

Concussion _____ Yes

Present Employer:

Employer

Position Title

Address

Immediate Supervisor/ Title/ Phone

Summarize work performed

May we contact for reference? ☐ Yes ☐ No

Additional References:

Name & Contact Info

Relationship

Social Security Number Notice:

Failure to submit your social security number on this form will not prohibit consideration for employment. Your social security number may be required on other forms prior to employment. If and when a candidate is given further consideration, the District may use a potential candidate's social security number to check the status of professional certifications and/or licenses, and/or for a criminal records check as part of the hiring process.

Applicant Certification and Agreement

I certify that all information provided on this application form, and all other information provided in connection with my application for employment, is complete, accurate, and true. I understand that the provision of any false or misleading information or any omission will, even if discovered after I am hired, constitute grounds for disciplinary action that may include termination of my employment. If I am appointed, then any and all changes in facts, circumstances, and conditions will immediately be reported to the Superintendent of Schools.

I understand that the information given herewith assumes authorization to investigate my credentials. I hereby authorize and permit the Wilson Central School District to contact any and all persons and entities, including but not limited to all current and former employers, and all schools, colleges or universities that I have ever attended, and all of their agents, representatives, and employees, in order to fully investigate my background. I hereby authorize any and all persons and entities, including but not limited to all current and former employers, and all schools, colleges or universities that I have ever attended, and all of their agents, representatives, and employees, to release any and all information concerning my employment, educational and academic history, and any other information bearing upon my fitness and qualifications for the position for which I am applying.

I understand that, as a coach or coaching candidate, I am responsible for maintaining all required, renewable coaching certificates. I am responsible for forwarding copies to the Athletic Office prior to my sports season. I also recognize that, in conjunction with the Athletic Director or his designee, I am required to formulate a plan to ensure my temporary and permanent coaching certifications are met and maintained. I understand that if I do not meet the New York State mandated requirements as noted in this document, then I may be released or dismissed from my position.

Applicant Signature: _____

Date: _____

Non-discrimination Statement:

The Wilson Central School District advises students, parents, employees and the general public that it does not discriminate on the basis of sex, race, color, national origin, handicapping conditions, marital status or veteran status in the employment or the educational programs, including vocational education opportunities, and activities which it operates, and is in full compliance with Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. Inquiries regarding this nondiscrimination policy and copies of the grievance procedure for the prompt resolution of complaint may be directed to the attention of the Business Administrator, Wilson Central School District, P.O. Box 648, Wilson, NY 14172, telephone number (716) 751-9341.