



EDWARDS-KNOX CENTRAL SCHOOL

Coaching Application

Office Use Only
Approved _____

Coaching Position You Are Applying for _____ Date _____

Name _____ Social Security # _____

Address _____ Telephone # _____

Are you a certified teacher? Yes ___ No ___ Area(s): _____

Certification # _____ Date of Issue _____

EDUCATION:

School or College Location Attended From-To Degree

GENERAL EMPLOYMENT EXPERIENCE:

Position Date of Employment Employer Employer's Address & Telephone Number

COACHING EXPERIENCE:

Position Date of Employment Employer Employer's Address & Telephone Number

PERSONAL REFERENCES: (Attach three sealed letters of reference.)

Please describe any experience which you feel have significantly contributed to your abilities for the position you are seeking.

Have you ever been convicted of a crime? If yes, describe in full _____

Please describe your concept of effective interscholastic athletic coaching: _____

PLEASE ATTACH PHOTOCOPIES OF YOUR CURRENT FIRST AID AND CPR CERTIFICATIONS.

Edwards-Knox Central School is an Equal Opportunity Employer. William Cartwright is the Compliance Officer for Title IX. Any inquiries regarding compliance with Title IX should be directed to the Compliance Officer at the address listed above, telephone (315)562-8326, or through the Director of the Office of Civil Rights, Department of Health, Education and Welfare, Washington D.C.

I understand, should I be hired by the Edwards-Knox Central School District, either on a permanent or substitute basis, that I will be informed of my rights to join the New York State Retirement System.

The facts set forth above in my application are true and complete to the best of my knowledge. In addition, I authorize the Edwards-Knox Central School District to investigate all statements in this application and to secure all appropriate information from all my employers, references, academic institutions and governmental departments and agencies. I do hereby authorize such employers, references, academic institutions and agencies to release such information and I do hereby release all of those employers, references, academic institutions and the Edwards-Knox Central School District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the Edwards-Knox Central School District.

Signature of Applicant: _____

Please complete this form, attaching two reference letters and return it to:

Ms. Suzanne L. Kelly, Superintendent of Schools
Edwards-Knox Central School
P.O. Box 630
Russell, New York 13684

This applications will be held on file for the school year in which you apply.