

HOMER CENTRAL SCHOOL DISTRICT
ATHLETIC DEPARTMENT
P.O. BOX 500
HOMER, NEW YORK 13077

APPLICATION FOR COACHING POSITION
(Return to Michael Carboine, Athletic Director)
mcarboine@homercentral.org

Position applying for _____ Date _____

Name _____ Phone _____

Address _____ Work Ph _____

E-mail Address _____

Do you presently teach in the Homer system? _____

Building _____ How Long? _____

Current Employer/Supervisor _____

Are you presently coaching? _____ If yes, what sport (s) do you presently coach in what school system?

List below your coaching experience (including other sports):

School	Sport/Position/Years/Record (if applicable)
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_____	_____
_____	_____
_____	_____
_____	_____

List below your playing experience (include other sports):

High School _____

College _____

Other _____

List any Honors (such as Team Captain, All-League, etc):

EDUCATIONAL BACKGROUND

Name of Institution

Years Attended

High School _____

Colleges: _____

Coaching Courses Taken (list): _____

Professional References:

Name

Position/Address or Phone Numbers

CERTIFICATION

Please answer the following questions:

Are you a certified physical education teacher? _____

Are you a certified teacher in New York State? _____

What is your area of certification? _____

Are you certified in New York State to coach (9 credit hours required) ? _____

If not, are you willing to get this certification within the next three years? _____

Are you certified in Red Cross First Aid? _____

Year you were last certified? _____

Are you certified in CPR/AED? _____

Year you were last certified? _____

If not, are you willing to get this certification prior to the start of this assignment? _____

If this particular position were not awarded to you, would you be interested in accepting another position in the same sport? _____

In another sport? _____

Have you ever been convicted of a felony? _____ (yes/no)

If yes, please explain

CONSENT AND RELEASE:

I, _____, hereby authorize the Homer Central School District to contact my references regarding my past employment with them and any other references. I further waive any cause of action against the District, its officers, employees and agents, which I may have as a result of the release of said employment information.

Signature

Date

Please feel free to provide any additional information, which might help us in our decision.