ONONDAGA CENTRAL SCHOOL

955-201 COST	100	1391
Date	/	/

Application to Coach

Coaching Position Applying for:					
Personal Information Please print					
Name					
Last First	Middle				
Present Mailing Address	Phone ()				
	Zip				
Permanent Mailing Address	Phone ()				
	Zip				
Social Security No Retirement No					
Are you a U.S. Citizen? Tes No If no, have you filed a declaration of intention	to become a citizen? Yes No				
Have you ever been convicted of a crime? Yes No If yes, explain.					
Were you ever dismissed from a school district conferring tenure pursuant to Education Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commissione Record Check for Prospective School Employees & Applicants for Certification)?					
Certification Information Please attach copies as proof. Applications will not be consider	ed without them.				
Do you have a NYS First Aid for Coaches certificate? Yes No					
Do you have Community CPR certification? Yes No					
Are you a certified physical education teacher? Yes No					
Have you taken the NYS approved course in "Philosophy, Principals and Organ	ization of Athletics? Yes No				
Have you taken the NYS approved course in "Health Science Applied to Coach	ing? Yes No				
Have you taken the NYS approved course in "Theory & Techniques of Coachin Yes No	g" in the sport you are applying for?				
If you are not a NYS certified teacher, have you taken a workshop in "Recognit Yes No	ion and Reporting of Child Abuse?				
If you are not a NYS certified teacher, have you taken a workshop in violence p	revention in schools?				

Certification

Sport		Type of Certificate Type of Certificate		Effective Date		Expiration Date (if applicable)	
		Prior Co	aching Exp	erience			
Coaching Position		Sport Organization			Date		
		Educat	tional Prepa	aration			
Level	Name of School				Degree Received		
High School							
Undergraduate							
Graduate							
ist five individuals ha haracter. Include the ersonal or profession	aving person name, addr	must <i>also</i> subm nal knowledge of ress, and telephor	f your profess	vritten lette sional traini	ng, ability	, experience	
Name Pos		Posit	ion	Address & Telephone No. (home and work)			

☐ Yes ☐ No May we refer to your former employer? ☐ Yes ☐ No

May we refer to your present employer?

I also understand that commissioner's regulations require year if no certified teacher is available with the experience	e that persons without a teaching license may only be hired to coach each e and qualifications for the position.
League, Section and the Public High School Athletic Asso	ociation.
If hired, I understand that coaching appointments are for	r one year intervals and must be renewed yearly. I agree to abide by al stral Athletic Department, Board of Education, the Onondaga High Schoo
Give any additional information that you think might be	of value in considering you for a position.
** · · · · · · · · · · · · · · · · · ·	cant's Statement
Other S For example: knowledge of sign language	Skills and Abilities

ent letters of reference to:

Athletic Director - Onondaga Central School District - 4479 South Onondaga Road Nedrow, New York 13120 - (315) 552-5028

Equal Opportunity Employer

No person shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. No person shall, because of race, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his civil rights by any person, department or any institution, agency or subdivision of this school district. The New York State Human Rights Law prohibits discrimination because of age. Created: 6/2012 Revised 3/17/2017, 2/28/2022