

**COACHING APPLICATION FORM**

**CANDOR CENTRAL SCHOOL**

1 Academy Street  
P.O. Box 145  
Candor, NY 13743  
Phone: 607-659-5010 Fax: 607-659-7112

Date: \_\_\_\_\_

To the Applicant:

Thank you for your interest in our schools. Please complete and return this form to the District Office at the above address.

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Social Security # \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle or Maiden

Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
(Area Code and Number) (Alternate Phone or Cell Phone)

Email Address (you check regularly): \_\_\_\_\_

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**Position for Which You Are Applying**

Coaching area – Junior High, JV, Varsity, etc.: \_\_\_\_\_

Are you a certified teacher?  YES or  NO

If YES, please list the state in which you are certified: \_\_\_\_\_

Type of certification: \_\_\_\_\_

Do you currently hold First Aid/CPR certification?  YES or  NO

**FINGERPRINTING & CRIMINAL HISTORY BACKGROUND CHECK**

Effective July 1, 2001, the Schools Against Violence in Education (SAVE) Legislation requires all new school district employees to undergo a fingerprinting and criminal history background check through the NYS Education Department as clearance for employment or certification.

Have you completed this process resulting in the paperwork being submitted to NYS Education Department?  YES or  NO

If YES, name the NYS education institution that originated your most current fingerprinting & criminal history background check: \_\_\_\_\_ Date Performed: \_\_\_\_\_



**EXPERIENCE IN COACHING**

Location	School	Sport and Level of Coaching	# of Years	Dates From/To	Approx. # of Players on your team

Do you presently hold a NYS Coaching certification?  YES or  NO

If YES, what sport(s) are you certified to coach: \_\_\_\_\_  
 \_\_\_\_\_

If NO, have you started the certification process?  YES or  NO

What course work have you completed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*If you have started taking the required courses, we will need to obtain copies of your paperwork which clearly states that you have successfully completed each course you have listed.*

**WORK EXPERIENCE**

Firm or Employer	City/State	Position Title	Dates of Employment

**List the activities in which you are or have been engaged which should contribute to your ability to work with children. Examples: High school teams, clubs, hobbies, sports, etc.**

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**List three (3) references who have first-hand knowledge of your character and abilities (other than relatives):**

Name	Address	Official Position	Phone #

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This district will employ in full compliance of Title IX.

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