

Gloversville Enlarged School District

Interscholastic Athletic Coaching Application

Name: _____ E-mail Address: _____

Home Address (street, city, zip): _____

Phone (Home): _____ (Work): _____ (Cell): _____

1. Position applying for: _____

2. Do you hold a teacher certification? No _____ Yes _____ (area _____)

3. Do you have a valid First Aid certification? No _____ Yes _____ (expiration _____) attach copy

Do you have a valid CPR/AED certification? No _____ Yes _____ (expiration _____) attach copy

Do you have NYS Coaching Certification? No _____ Yes _____ (area _____) attach copy

4. What days and times are you available to coach: _____

5. Teaching experience or non-teaching work: (Work History)

Employer/Address/Phone #	Dates of Employment	Title
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

6. Playing Experience (in sport applying for)

a. High School: _____

b. College: _____

c. Other: _____

d. Outstanding Accomplishments: _____

7. Coaching Experience (in sport applying for)

a. High School: _____

b. College: _____

c. Other: _____

d. Outstanding Accomplishments: _____

8. References: List principals, coaches, supervisors whom you have taught under, coached and/or played for:

Name/Title	Complete Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____