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Peekskill City School District

Our mission is to educate and empower all students to strive for excellence as life-long learners who embrace diversity and are contributing members of a global society.

Administrative Services • 1031 Elm Street • Peekskill, NY 10566 • www.peekskillschools.org

COACHING APPLICATION

PERSONAL INFORMATION

Name				
Last		First	Middle	
Phone #	Email _			
Address		_ City	State Zip	
Social Security Number				
Have you been fingerprinted?	Yes	No		
I am presently employed with the F	eekskill (City School District:		
D Physical Education Teacher		Classroom Teacher	□ Substitute Teacher	□ Other
□ I am a former/retired employee of	of the Pee	ekskill City School Distri	ict	
Position		Duration		

PLEASE INDICATE THE POSITION(S) YOU ARE APPLYING FOR:

Season (Fall, Winter, Spring)	Sport	Level (Varsity, Jr. Varsity, Freshman, Modified)	Position (Head Coach/Assist Coach)

CERTIFICATES

Certificates & Workshops

(It is your responsibility to have required certification completed prior to the start of the season)

Name of Certificate	Expiration Date	Name of Workshop	Date of Training
First Aid		Child Abuse Identification	
CPR		School Violence Intervention & Prevention	
AED		Dignity for All Students Act (DASA)	
Concussion			

License Status

- □ I presently hold a temporary coaching license (Please attach copy of license)
- □ I presently hold a professional coaching license (Please attach copy of license)

List all teaching and administrative certificates you hold (if pending, please indicate so)

Credential	Status (e.g., pending, expired)	State	Date Expires

EDUCATIONAL RECORD

Name of School	Location of School	Diploma/Degree Earned
High School		
Undergraduate College/University		
Graduate University		
Graduate work completed beyond the highest degree	e earned	

MILITARY SERVICE

Branch of Service	From (Month & Year)	To (Month & Year)	Title or Rank	Date & Type of Discharge

EMPLOYMENT HISTORY

List most recent experiences first

Dates From/To	Total Years	Name & Location	Position (grade level, subject)

REFERENCES

List three professional references that are familiar with the quality of your work, have worked directly with you, and have known you at least two years. Please **do not** use relatives or personal friends as references.

Name of Reference	Position/Relationship	Email Address	Phone Number

MORAL CHARACTER

Have you ever been convicted of a crime (other than a traffic violation) or imprisoned? Yes \Box \quad No \Box

If you answered yes, please explain below:

APPLICANT'S STATEMENT

Provide a statement which you think might be of value in our considering you for a position.