

**GENESEO CENTRAL SCHOOL  
APPLICATION FOR COACHING**

4050 Avon Road

Geneseo, New York 14454

Phone: 243-3450

Fax: 243-2511

Sport: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

SS# \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Previous Coaching Experience: \_\_\_\_\_

Are you a teacher at GCS: \_\_\_\_\_ If not a teacher at GCS, where are you employed?

**Fingerprinting:** Have you completed fingerprinting and background clearance with another school district? Yes \_\_\_ No \_\_\_ (If yes, what district?) \_\_\_\_\_

**CERTIFICATION INFORMATION**

Have you taken coaching certification courses? Please check courses taken:

➤ **CPR**

Yes \_\_\_ No \_\_\_ Date Completed \_\_\_\_\_

➤ **First Aid**

Yes \_\_\_ No \_\_\_ Date Completed \_\_\_\_\_

➤ **Philosophy, principles and organizations of athletics in education** Yes \_\_\_

No \_\_\_ Date completed \_\_\_\_\_

➤ **Health Science applied to coaching**

Part I \_\_\_ Yes \_\_\_ No \_\_\_ Date Completed \_\_\_\_\_

Part II \_\_\_ Yes \_\_\_ No \_\_\_ Date Completed \_\_\_\_\_

➤ **Community CPR**

Yes \_\_\_ No \_\_\_ Date Completed \_\_\_\_\_

➤ **Theory & Techniques of Coaching for each designated sport**

➤ **Swimming**

Community CPR/BLS Yes \_\_\_ No \_\_\_ Date Completed \_\_\_\_\_

Lifeguarding Yes \_\_\_ No \_\_\_ Date Completed \_\_\_\_\_

WSI Yes \_\_\_ No \_\_\_ Date Completed \_\_\_\_\_

Specific Positions Desired:

1. \_\_\_\_\_

2. \_\_\_\_\_

**PERSONAL REFERENCES:**

Name and Occupation	Address	Phone #

**PRIOR WORK EXPERIENCE** (List in order, last or present employer first)

Dates		Name & Address of Employer	Supervisor's Name & Title	Reason for Leaving
From	To			
Describe the work you did:				

Dates		Name & Address of Employer	Supervisor's Name & Title	Reason for Leaving
From	To			
Describe the work you did:				

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From	To			
Describe the work you did:				

May we contact the employers listed above? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, indicated below which one(s) you do not wish us to contact?

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

INTERVIEW PROCESS:	
INTERVIEWED ON:	_____
✓ REFERENCES CHECKED	_____
✓ BOARD MEMO COMPLETED	_____
✓ SUMMARY OF APPT. SHEET FOR BOARD COMPLETED	_____
✓ CRAIG VELEY, ATHLETIC DIRECTOR	_____