

HERMON-DEKALB CENTRAL SCHOOL
709 EAST DEKALB ROAD
DEKALB JUNCTION, NY 13630
Phone: 315-347-3442 Fax: 315-347-3817

COACHING APPLICATION

Name: _____
Last First Middle

Address: _____

Social Security Number: _____

Telephone Number: _____

Email Address: _____

What position are you applying for? _____
Sport Level Head/Assistant

New York State requires coaches to complete a coaching certification program. Uncertified coaches can be hired with the understanding they will be taking courses to complete this certification. You must provide proof that you are certified and have current CPR and First Aide updated.

Are you presently certified to coach in New York State? Yes _____ No _____

If yes, present copy of certificate.

Date of expiration of CPR update _____

Date of expiration of First Aide update _____

Have you ever been fingerprinted for a school district before? Yes _____ No _____

List past coaching experiences:

| Name of Employer | Phone Number | Position Held | Date |
|------------------|--------------|---------------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

Signature _____ Date _____