



FRONTIER CENTRAL SCHOOL DISTRICT
4432 BAY VIEW ROAD
HAMBURG, NY 14075
Telephone: (716) 926-1704
Fax: (716) 646-2188

INTERSCHOLASTIC COACHING APPLICATION

Please complete this application in its entirety (Do Not Indicate "See Resume") and return along with your letter of interest, resume, copy of your New York State certification(s), and three (3) current letters of reference to Richard Gray, Director of H.P.E.R. & Athletics, Frontier Central High School, 4432 Bay View Road, Hamburg, NY 14075.

Please print or type all information. Complete all sections.

I. GENERAL INFORMATION

Position Desired: _____

Name: _____
Last First Middle

Present Address: _____
Street Apt.

City State Zip

Mailing Address: (If different from above)

Street Apt City State Zip

Telephone Numbers (Home) _(_____)_____

Work _(_____)_____

Cell _(_____)_____ Fax #: _(_____)_____

E-Mail: _____

Social Security #: _____

Present Position: _____
Title School

Street City State Zip Telephone #

Have you ever worked for the Frontier Central School District? *Check one*) Yes: ___ No: ___

If "Yes": When: _____ Position: _____

The following requirements **MUST** be completed **BEFORE** coaching any Varsity, JV, 9th or Modified Sport Team:

1. First Aid Good for three (3) years. Must be renewed before expiration date.
2. CPR/AED All coaches **must** take and be certified (**one- or two-year certification**)
3. Fingerprint Clearance

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY PROOF OF CERTIFICATION IN ONE OF THESE FIRST AID COURSES: First Aid for Coaches, Responding to Emergencies, National Safety Council Level 3

_____ **I am a certified PHYSICAL EDUCATION TEACHER**
(copy of teaching certificate attached)

_____ **I am a certified TEACHER (copy of teaching certificate attached)**

Coaching Certificate (copies attached)

Sport _____ Date _____ Certificate No. _____
Sport _____ Date _____ Certificate No. _____

Certification Information (copies attached)

Philosophy, Principles & Organization of Athletics _____
Health Science Applied to Coaching _____
Theory & Techniques of Coaching _____

_____ **I am a NON-TEACHER COACH**

Coaching Certificate (copies attached)

Sport _____ Date _____ Certificate No. _____
Sport _____ Date _____ Certificate No. _____

Certification Information (copies attached)

Philosophy, Principles & Organization of Athletics _____
Health Science Applied to Coaching _____
Theory & Techniques of Coaching _____
Safe Schools _____
Child Abuse _____

II. EDUCATIONAL BACKGROUND				
High School	City and State	Major	/ Minor	Degree GPA
College / University	City and State	Major	/ Minor	
College / University - GRADUATE	City and State	Major	/ Minor	
Non-degree additional graduate work	City and State	Major	/ Minor	

III. EXPERIENCE				
List Experience in this Sport	Years	Level	School	Record
1.				
2.				
3.				
4.				
5.				

IV. REFERENCES

Give three references (include your most recent employer, principals, supervisors and others under whom you have worked, who have first-hand knowledge of your character, personality, scholarship, skills, and leadership ability).

Name	Title	School / Address	Phone - Work	Phone - Home/ Cell
			()	()
			()	()
			()	()

I affirm that any answers to the questions in this application are true and that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation will be cause for immediate discharge. Furthermore, I voluntarily give the Frontier Central School District the right to inquire about my past employment and all statements contained in this application.

Date: _____ **Signature:** _____

The Frontier Central School District is an equal-opportunity organization that does not discriminate on the basis of race, creed, sex, age, handicapping conditions, or national origin in admission or access to, or treatment or employment in, program and activities.