



WEST SENECA CENTRAL 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 NYS teacher certification? NO ☐ YES ☐ (area _____)

3. Certifications needed for Coaching in New York State. Please provide copies of all certifications.

Do you have a valid First Aid certification? NO ☐ YES ☐ expiration _____

Do you have a valid CPR/AED certification? NO ☐ YES ☐ expiration _____

Do you have a valid Lifeguard certification (Swim Only)? NO ☐ YES ☐ expiration _____

Do you have a valid Concussion Mgmt certification? NO ☐ YES ☐ expiration _____

Do you have a valid Child Abuse Reporting certification (non-teachers)? NO ☐ YES ☐ date taken _____

Do you have a valid SAVE certification (non-teachers)? NO ☐ YES ☐ date taken _____

Do you have a valid DASA certification (non-teachers)? NO ☐ YES ☐ date taken _____

Do you have NYS Coaching certification (non PE teachers)? NO ☐ YES ☐ area _____

Course 1: Philosophy: NO ☐ YES ☐ Course 2: Theories: NO ☐ YES ☐ Course 3: Health Science NO ☐ YES ☐

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. _____

NEW YORK TEACHERS' RETIREMENT

CHECK ONE

1. ☐ I *do not* belong to the retirement system.

2. ☐ I *do* belong to the retirement system. Retirement number _____

ALL NEW TEACHERS ARE REQUIRED TO JOIN THE NEW YORK STATE RETIREMENT SYSTEM.

Substitute teachers may join if they so desire.

For Substitute Teachers Only: Check One I do ☐ do not ☐ wish to join the retirement system.

SOCIAL SECURITY INFORMATION

My Social Security number is _____

Under name of _____
(Give name as on Social Security Card)

Return to:

Athletic Office
West Seneca Central School District
1445 Center Road
West Seneca, New York 14224

mbiddle@wscschools.org