

EAST AURORA HIGH SCHOOL
INTERSCHOLASTIC ATHLETIC COACHING APPLICATION

Name (please print) _____ Soc. Sec. # ____ - ____ - ____ Date _____

Telephone (home) _____ (work) _____ (cell) _____

Home Address _____

Signature _____ E-mail Address _____

Position Applying For: _____

Have you ever been convicted of a crime (felony or misdemeanor)? No ___ Yes ___ (if yes, please explain on reverse side)

Teaching Certificate: No ___ Yes ___ Area _____

First Aid for Coaches Certificate: No ___ Yes ___ Expiration Date _____ (attach copy)

CPR Certificate: No ___ Yes ___ Expiration Date _____ (attach copy)

Do you have NYS Coaching Certification? No ___ Yes ___ (attach copy) Area _____

What is the earliest (in the afternoon) you are available to coach? _____ Are you available evenings ? No ___ Yes ___

Teaching Experience :

<u>School and Location</u>	<u>Grade and Subject</u>	<u>Number of Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relevant playing/coaching experience, including outstanding accomplishments (continue on back, if necessary)

References: (List principals, coaches, supervisors whom you have taught under, coached and/or played for)

<u>Full Name</u>	<u>Phone Number</u>	<u>Official Position (including school/business name)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any additional information you wish to include may be attached to the back of this form

Return to: Christopher Koselny
Athletic Director
East Aurora High School
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East Aurora, NY 14052
Fax- 716-687-2518