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PHOENIX CENTRAL SCHOOLS  
552 MAIN STREET  
PHOENIX, NY 13135  
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### APPLICATION – COACH

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

ADDRESS \_\_\_\_\_

E-mail \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ TELEPHONE \_\_\_\_\_

2. DO YOU HOLD NYS TEACHER CERTIFICATION? \_\_\_\_\_ AREA \_\_\_\_\_

3. COACHING CERTIFICATION \_\_\_\_\_

FIRST AID	YES _____	NO _____
CPR/AED	YES _____	NO _____
CHILD ABUSE RECOGNITION	YES _____	NO _____
SAVES	YES _____	NO _____
DASA	YES _____	NO _____
FINGERPRINTED	YES _____	NO _____
CONCUSSION COURSE	YES _____	NO _____
PHIL. & PRIN OF COACHING	YES _____	NO _____
HEALTH SCIENCE	YES _____	NO _____
THEORY	YES _____	NO _____

4. COACHING CHOICES: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

5. HAVE YOU PREVIOUSLY TAUGHT/COACHED AT PHOENIX CENTRAL? \_\_\_\_\_

### EDUCATIONAL AND PROFESSIONAL TRAINING

SCHOOL

COURSE

DEGREE

HIGH SCHOOL \_\_\_\_\_

UNDERGRADUATE\_\_\_\_\_

GRADUATE\_\_\_\_\_

PLAYING EXPERIENCE

SPORT\_\_\_\_\_ LEVEL \_\_\_\_\_

(Please complete both sides of this application)

EMPLOYMENT

(Include coaching – If more space needed, attach additional sheet)

EMPLOYER	ADDRESS	POSITION	DATES
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REFERENCES

(Give at least three references, not related to you, who have first-hand knowledge of your character, personality, scholarship and abilities.)

NAME	ADDRESS	TELEPHONE	POSITION
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Write briefly on one or two topics, including additional information about special experience, training or interests not mentioned elsewhere, and why you want to coach in our District.


I hereby give authorization to check the references given in this application.

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

Title IX Compliance: We are an equal opportunity employer