## John Jeffries DIRECTOR OF HPEA 315-695-1681 jjeffries@phoenixcsd.org



PHOENIX CENTRAL SCHOOLS 552 MAIN STREET PHOFNIX. NY 13135

## **APPLICATION – COACH**

1.	NAME						
	ADDRESS						
2.	SOCIAL SECURITY #		TELEP	PHONE			
3.	DO YOU HOLD NYS TEACHER	R CERTIFICATIO	N?	AREA			
4.	COACHING CERTIFICATION						
	COACHES FIRST AID CPR CERTIFICATE PHILOSOPHY & PRINCIPLES OF COACHING HEALTH SCIENCE THEORY	YES	NO NO				
5.	COACHING CHOICES: 1)		2)		3)		
6.	HAVE YOU PREVIOUSLY TAUGHT/COACHED AT PHOENIX CENTRAL?						
	EDUCATIONAL AND PROFESSIONAL TRAINING						
	<u>SC</u>	<u>HOOL</u>	<u>COURSE</u>		DEGREE		
	HIGH SCHOOL						
	UNDERGRADUATE						
	GRADUATE						

## PLAYING EXPERIENCE

SPORT	RT LEVEL								
	(Please complete both sides of this application) <u>EMPLOYMENT</u>								
	(include coaching – if mo	ching – If more space needed, attach additional sheet)							
EMPLOYER	ADDRESS		POSITION	DATES					
(Give at least t	hree references, not relate personalit	REFERENCES d to you, who have f y, scholarship and al		dge of your character,					
NAME	ADDRESS	TELI	EPHONE	POSITION					
•	one or two topics, includin mentioned elsewhere, and	_	•	•					
I hereby give au	thorization to check the ref	ferences given in this	application.						
Signature			Date						

Title IX Compliance: We are an equal opportunity employer