

PULASKI ACADEMY AND CENTRAL SCHOOL DISTRICT

Athletic Department
Pulaski High School – 4246 Salina Street – Pulaski, NY 13142

APPLICATION FOR COACHING/LIFEGUARD POSITION

Return to: Mr. Steve Komanecky – Athletic Director
skomanecky@pulaskicsd.org

Sport/Position applying for _____ Date: _____

Name: _____ Phone: _____

Address: _____ Work Phone: _____

Email Address: _____

Number of years of experience _____

Are you a certified physical education teacher in New York State? _____

Are you a certified teacher in New York State? _____

Have you been fingerprinted through the New York State Education Department? _____

CERTIFICATION INFORMATION (must provide copies of all certifications)

Lifeguard Training - Date Completed: _____ Expires: _____

Coaching Certification - Date Completed _____ Expires: _____

First Aid Certification – Date Completed: _____ Expires: _____

CPR/AED Certification – Date Completed: _____ Expires: _____

Concussion Management

- CDC HEDS UP – Date Completed: _____ Expires: _____
- NFHS Concussion in Sports – Date Completed: _____ Expires: _____

Non-NYS Certified Teachers MUST apply for a license on TEACH Website and also complete the following:

- Child Abuse Workshop
- School Violence Workshop
- DASA Training
- NYSED Fingerprint Clearance

List the sports and level at which you have participated:

Sport	Level	Where	When	Accomplishments

Coaching Experience:

Sport	Level	Where	When	Accomplishments

List those individuals having personal knowledge of your coaching ability, experience and character:

Name	Position	Contact Number

Lifeguarding Experience: please list where you have been a lifeguard and a contact person/phone number.

CONSENT AND RELEASE

I, _____, hereby authorize the Pulaski Academy and Central School District to contact my references regarding my past employment with them and any other references. I further waive any cause of action against the District, its officers, employees and agents, which I may have as a result of the release of said employment information.

Signature: _____

Date: _____

SSN: _____

Social Security Number is required if you are not presently employed with the PACS District.

Proof of all certifications must accompany this application.

COMPLETION BY ATHLETIC DIRECTOR

Anticipated Date of Board Action: _____

Proof of all required certifications are attached: _____

The above individual/position has been approved for recommendation to the Board of Education to be paid at the following amount _____ in accordance with the PTA Agreement.

Athletic Director: _____ Date: _____

Superintendent Approval: _____ Date: _____