

PULASKI ACADEMY AND CENTRAL SCHOOL DISTRICT

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

APPLICATION FOR COACHING POSITION
Return to: Mr. Jim Karcz – Athletic Director
jkarcz@pulaskicsd.org

Sport/Position applying for _____ **Date:** _____

Name: _____ **Phone:** _____

Address: _____ **Work Phone:** _____

Email Address: _____

Number of years of coaching experience in this sport in JH, JV, or Varsity levels _____

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

Are you a certified teacher in New York State? _____

Are you certified in First Aid? _____ **Dates of Certification** _____

Are you certified in CPR/AED? _____ **Dates of Certification** _____

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

Do you possess a current NYS Coaching Certificate? _____

Explain where in the process you are in obtaining the NYS Coaching Certification: _____

List the sports and level at which you have participated:

Sport	Level	Where	When	Accomplishments

Coaching Experience:

Sport	Level	Where	When	Accomplishments

Other related information (organizations, memberships, awards, etc.)

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

Name	Position	Contact Number

In your own handwriting add any information you believe will assist in arriving at a true estimate of your qualifications.

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: _____