Randolph Central School – Coaching Application

Please return your application to the High School Office.
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Randolph Central School
18 Main St., Randolph, NY 14772
(716) 358-6161
Application for Coaching Position

Directions:
1. Please fill out this entire application in detail.
2. Be sure you have received three (3) reference forms along with this application form. Give one form to each of your references to complete. All three (3) forms must be returned to the school in a timely fashion in order for your application to be considered.
3. Do not use relatives for references.

_____________________________________________________________________________________________________

Date of Application _______________________________________

I would like to coach the following sport(s): ______________________

Name ______________________________________________________
  First         Middle         Last

Address ______________________________________________________
  Number      Street      City         State         Zip Code

Home Telephone (_____)____________________ Social Security Number _____/_____/_____

Work Telephone (_____)____________________ NYS Retirement Number __________________________
(If you have one)

_____________________________________________________________________________________________________

Do you have a valid First Aid Card? ______ Yes ______ No
  If Yes, a copy must be attached.

Have you ever been granted a license to coach in New York State? ______ Yes ______ No
  If Yes, a copy must be attached.

_____________________________________________________________________________________________________

**Required Coaching Courses:** Please list the following information for each of the required courses that you have taken. You will have to provide verification for each course you list:

<table>
<thead>
<tr>
<th>Name of Course</th>
<th>Location/Organization</th>
<th>Date Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.______________</td>
<td>______________________</td>
<td>___________</td>
</tr>
<tr>
<td>2.______________</td>
<td>______________________</td>
<td>___________</td>
</tr>
<tr>
<td>3.______________</td>
<td>______________________</td>
<td>___________</td>
</tr>
</tbody>
</table>
Employment / Coaching Experience

**Start with your present or last job.** Include Volunteer & Coaching activities. Exclude organization names which indicate race, color, religion, gender, national origin or sexual orientation.

1. Employer ________________________________ Telephone (____) __________________
   
   Address ________________________________________________________________________
   
   Dates Employed: From ____________________ To _________________________
   
   Hourly Rate/Salary: Starting __________________ Final ________________________
   
   Work Performed __________________________________________________________________
   
   Job Title ______________________________ Supervisor’s Name ________________________
   
   Reason for leaving __________________________________________________________________

2. Employer ________________________________ Telephone (____) __________________
   
   Address ________________________________________________________________________
   
   Dates Employed: From ____________________ To _________________________
   
   Hourly Rate/Salary: Starting __________________ Final ________________________
   
   Work Performed __________________________________________________________________
   
   Job Title ______________________________ Supervisor’s Name ________________________
   
   Reason for leaving __________________________________________________________________

3. Employer ________________________________ Telephone (____) __________________
   
   Address ______________________________________________________________
   
   Dates Employed: From ____________________ To _________________________
   
   Hourly Rate/Salary: Starting __________________ Final ________________________
   
   Work Performed _____________________________________________________________
   
   Job Title ______________________________ Supervisor’s Name ________________________
   
   Reason for leaving __________________________________________________________________

4. Employer ________________________________ Telephone (____) __________________
   
   Address ________________________________________________________________________
   
   Dates Employed: From ____________________ To _________________________
   
   Hourly Rate/Salary: Starting __________________ Final ________________________
   
   Work Performed __________________________________________________________________
   
   Job Title ______________________________ Supervisor’s Name ________________________
   
   Reason for leaving __________________________________________________________________
EDUCATION

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Elementary</th>
<th>High School</th>
<th>Technical/College/Univ.</th>
<th>Graduate/Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Years Completed:</td>
<td>4 5 6 7 8</td>
<td>9 10 11 12</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

Diploma/Degree:

Describe Course of Study:

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment, coaching and/or other experience.

Describe any Specialized Training, Coaching, and Extra-Curricular Activities

Honors Received:

State any additional information you feel may be helpful to us in considering your application. You may attach additional information to this application.

**APPLICANT’S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

I understand that a physical examination may be required for employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the District.

Signature of Coaching Applicant

The Randolph CSD advises students, parents, employees and the general public that it offers equal employment and educational opportunities, including vocational education opportunities, without regard to gender, race, creed, religion, sexual orientation, military status, color, national origin, veteran status, disability, predisposing genetic characteristics, use of recognized guide dog, hearing dog or service dog, domestic violence victim status, marital status, ancestry, or age. Mr. Charles Shevlin, School Business Executive, is the Title IX Officer, Mrs. Kourtney Almeida, Director of Pupil Services, is the Title IX and Section 504 Compliance Officer, Randolph Central School, 18 Main St., Randolph, NY 14772, 716/358-6161.
Randolph Central School
Randolph, NY 14772

Reference Form – School Coach

Name of Coaching Applicant: ______________________________________________________________

The above named person has applied for a position as ________________________________________
with the Randolph Central School District. It is understood that you may have knowledge of the character,
qualifications, and fitness of the person named above for this position. We request that you complete this form,
answering all of the questions below and on the reverse side as fully and specifically as possible. The
information you furnish will be held strictly confidential. Thank you for completing this form immediately
upon its receipt and please return it at once.

1. Approximately how long have you known this applicant? ________________________________

2. Have you ever worked with the applicant? ______ Yes ______ No
   a. If yes, give company name and address: _____________________________________________
   b. Dates: From ______________________ To ____________________________
   c. What was his/her job during that period? __________________________________________

3. Please check the qualifying term which most nearly expresses your opinion with respect to the
   applicant’s character and reputation:
   ______ Outstanding ______ Good _______ Satisfactory _______ Poor

4. Would you employ him/her as a ______________________________   _____
   _______ Yes _______ No

5. Are you related to the applicant? _________ Yes _________ No

   If yes, state relationship ____________________________________________________________

6. To your knowledge has he/she ever been discharged or has he/she resigned from any employment
   after being told his/her conduct or work was not satisfactory?
   _____________ Yes _____________ No

   If yes, please give:
   a. Name and address of employer: __________________________________________________
   b. Reason for discharge or resignation: ______________________________________________

7. Do you know of any physical impairment of the applicant which would interfere with performance
   of his/her duties as a _____________________________________________________________?
   _________ Yes _________ No

   If yes, please describe: __________________________________________________________
8. Do you know of any arrests or convictions of the applicant?

________ Yes ________ No

If yes, please describe: ____________________________________________________________

9. How would you characterize the applicant’s response to other people?
   (Check as many items as necessary.)

   _______ Likeable       _______ Friendly       _______ Hard to get to know
   _______ Easy going      _______ Serious       _______ Easily annoyed
   _______ Inclined to argue

10. How does the applicant react to children?  (Check as many items as necessary.)
    (Check as many items as necessary.)

    _______ Easy going      _______ Firm but fair     _______ Easily annoyed  _______ Do not know
    _______ Friendly        _______ Would command respect     _______ Difficult to control temper

11. Would you like to have your children attend a school at which the applicant worked?  ___Yes___No

12. Which of the following best describes the applicant’s attitude toward work?

   ______ Has a tendency to try to avoid work.
   ______ Generally does just enough to get by.
   ______ Occasionally shows some initiative toward work.
   ______ Generally enjoys working, wants to be productive.
   ______ Do not know.

13. How would you characterize the applicant’s ability to work cooperatively in a group?

   _______ He/She usually works best alone.
   _______ He/She has problems working with others.
   _______ He/She can work either alone or in a group without problems.
   _______ He/She works best in a group situation.
   _______ Do not know.

14. Do you know of any reason that the applicant would not be a suitable person to serve as a

   _____________________________________________?  _____ Yes  _____ No

   If yes, explain: __________________________________________________________________

15. Remarks:  (Give any additional information which may assist us in determining the suitability of
   this person for the position of _________________________________.)

   _______________________________________________________________________________

I hereby certify that I have known the applicant whose name appears on the form, and that the answers to the
above questions with respect to him/her are true to the best of my knowledge and belief.

_____________________________  ___________________  __________________
Signature                    Name (please print)       Telephone Number
Name of Coaching Applicant: _______________________________________________________________

The above named person has applied for a position as ____________________________________________
with the Randolph Central School District. It is understood that you may have knowledge of the character,
qualifications, and fitness of the person named above for this position. We request that you complete this form,
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   a. If yes, give company name and address: ____________________________________________
   b. Dates: From __________________ To __________________________
   c. What was his/her job during that period? __________________________________________

3. Please check the qualifying term which most nearly expresses your opinion with respect to the
   applicant’s character and reputation:

   ______ Outstanding  ______ Good  ______ Satisfactory  ______ Poor

4. Would you employ him/her as a ______________________________  _____  Yes  _____  No

5. Are you related to the applicant? _____________ Yes  _____________ No

   If yes, state relationship ___________________________________________________________

6. To your knowledge has he/she ever been discharged or has he/she resigned from any employment
   after being told his/her conduct or work was not satisfactory?

   ________ Yes  ____________ No

   If yes, please give:
   a. Name and address of employer: _________________________________________________
   b. Reason for discharge or resignation: ____________________________________________

7. Do you know of any physical impairment of the applicant which would interfere with performance
   of his/her duties as a _____________________________________________________________?

   _______ Yes ___________ No

   If yes, please describe: __________________________________________________________
8. Do you know of any arrests or convictions of the applicant?

________ Yes ________ No

If yes, please describe: __________________________________________________________

9. How would you characterize the applicant’s response to other people?
(Check as many items as necessary.)

______ Likeable ________ Friendly ________ Hard to get to know

______ Easy going ________ Serious ________ Easily annoyed

______ Inclined to argue

10. How does the applicant react to children? (Check as many items as necessary.)

______ Easy going ________ Firm but fair ________ Easily annoyed ________ Do not know

______ Friendly ________ Would command respect ________ Difficult to control temper

11. Would you like to have your children attend a school at which the applicant worked? ___Yes___No

12. Which of the following best describes the applicant’s attitude toward work?

______ Has a tendency to try to avoid work.

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______ Do not know.

13. How would you characterize the applicant’s ability to work cooperatively in a group?

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______ He/She works best in a group situation.

______ Do not know.

14. Do you know of any reason that the applicant would not be a suitable person to serve as a

______________________________________________________________________________? _____ Yes _____ No

If yes, explain:_________________________________________________________________

15. Remarks: (Give any additional information which may assist us in determining the suitability of this person for the position of _________________________________.)

______________________________________________________________________________

I hereby certify that I have known the applicant whose name appears on the form, and that the answers to the above questions with respect to him/her are true to the best of my knowledge and belief.

Signature ____________________________________ Name (please print) __________________________ Telephone Number ______________________
Reference Form – School Coach

Name of Coaching Applicant: _______________________________________________________________

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1. Approximately how long have you known this applicant? ______________________________________

2. Have you ever worked with the applicant? ______ Yes ______ No
   a. If yes, give company name and address: ________________________________________________
   b. Dates: From______________________________ To _______________________________
   c. What was his/her job during that period? ____________________________________________

3. Please check the qualifying term which most nearly expresses your opinion with respect to the applicant’s character and reputation:
   ______ Outstanding ______ Good ______ Satisfactory ______ Poor

4. Would you employ him/her as a _____________________________ _____ Yes _____ No

5. Are you related to the applicant? ________ Yes ___________ No
   If yes, state relationship __________________________________________________________

6. To your knowledge has he/she ever been discharged or has he/she resigned from any employment after being told his/her conduct or work was not satisfactory?
   ___________ Yes ___________ No
   If yes, please give:
   a. Name and address of employer: ____________________________________________________
   b. Reason for discharge or resignation: ________________________________________________

7. Do you know of any physical impairment of the applicant which would interfere with performance of his/her duties as a ____________________________________________________________? 
   ________ Yes __________ No
   If yes, please describe: ____________________________________________________________
8. Do you know of any arrests or convictions of the applicant?

_________ Yes __________ No

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9. How would you characterize the applicant’s response to other people?
   (Check as many items as necessary.)
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    ______ He/She works best in a group situation.
    ______ Do not know.

14. Do you know of any reason that the applicant would not be a suitable person to serve as a
    __________________________? _____ Yes _____ No

    If yes, explain:_________________________________________________________________

15. Remarks: (Give any additional information which may assist us in determining the suitability of
    this person for the position of __________________________.)

________________________________________________________________________

I hereby certify that I have known the applicant whose name appears on the form, and that the answers to the
above questions with respect to him/her are true to the best of my knowledge and belief.

_______________________________
Signature

_______________________________
Name (please print)

_______________________________
Telephone Number
APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, __________________________ (print name), hereby grant permission to the Randolph Central School District, to contact and investigate my former and current employers, and all other pertinent parties, including but not limited to educational institutions where I enrolled, to fully investigate my background.

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal conviction, driving record, previous employers and educational institutions, personal references, professional information, and without limitations hereby releases the school district and the reference source from any liability with its release or use.

I hereby affirm that the information set forth in this application is complete, accurate and true to the best of my knowledge. I further affirm that I have read the completed application and have not withheld any information or response to any questions. I understand and agree that any misrepresentation or omission of fact on this application or during the interview process, regardless of when discovered, may result in the refusal of employment, or if I have already been employed, constitute cause for my immediate termination. References and personal information which became part of this record are to be regarded as confidential and will not be revealed to me.

I hereby indemnify, release and forever discharge and hold the Randolph Central School District and its officers, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

In the event that I am employed, I agree to conform to the district rules and regulations.

Pursuant to New York State Law, I agree to sign any additional forms of consent and/or to undergo any additional procedures required by either the District, NYSED, NYS DCJS or the FBI to effectuate a criminal record background check. If I have not already been fingerprinted through NYSED, Randolph Central School will provide the fingerprint instructions. I understand that I am responsible to get my fingerprint clearance and pay the fee required by NYSED.

This employment application will be valid for twelve (12) months from the date that it is completed.

________________________________
SIGNATURE OF Coaching APPLICANT

________________________________
PRINTED NAME OF Coaching APPLICANT

DATE: __________________________