

**Please complete & return to: Athletic Director
MORAVIA CENTRAL SCHOOL DISTRICT
P.O. Box 1189, 68 South Main Street, Moravia, New York 13118**

COACHING

Name _____
Last First Middle

Address _____
Area Code/Phone Number

_____ City & State Zip Code

Email Address _____

Social Security Number _____

Current coaching certification: circle one: None Temporary 1st Temporary
2nd – 4th Temporary Permanent

Areas of Coaching Desired _____

List any sports you are certified to coach: _____

Education:				Degree/ Diploma	Date Attended
Name	Location	Major	Minor		
High School					xxxxxxxxxx xxxxxxxxxx

College/University _____

Coaching Courses completed: (Please provide a copy of your certificate of completion)	SAVE Training	Yes or No
	Child Abuse Training	Yes or No
	CPR & First Aid	Yes or No
	Philosophy of Coaching	Yes or No
	Health Sciences Course	Yes or No
	Theory & Techniques of Coaching	Yes or No
	DASA Training	Yes or No
Concussion Course	Yes or No	

(OVER)

Work Experience (include any coaching experience):

From Month/Year	To	School Name	Supervisor's Name	Address	Position Held
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References: Give at least three references, including administrators or supervisors under whom you have taught, and who have first-hand knowledge of your character, personality, scholarship and coaching ability. Do not list any relatives.

Name of Person	Title/Position	Address & Phone Number	Your Relationship w/ this person
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AFFIRMATION: I affirm under penalties of perjury that all statements made on this application (including any attachments) are true. I understand that all statements made by me in connection with the application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

X _____
Signature of Applicant

Date Signed

Print any other names by which you are or have been known.