

WATERTOWN CITY SCHOOL DISTRICT

COACHING APPLICATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMPLOYER NAME & ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_ HOURS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TEACHING CERTIFICATE NUMBER \_\_\_\_\_

TEACHER'S RETIREMENT NUMBER \_\_\_\_\_ JOB RELEASE TIME \_\_\_\_\_

PRESENT COACHING POSITION(S) \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_

PLEASE LIST ALL PREVIOUS PLAYING EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ALL PREVIOUS COACHING EXPERIENCE AND WON-LOST RECORDS FOR VARSITY COACHING POSITIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COACHING PROFICIENCY REFERENCES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE AND TYPE OF FIRST AID CERTIFICATION \_\_\_\_\_

DATE OF COACHING CERTIFICATION \_\_\_\_\_ - OR -

COACHING COURSES COMPLETED: \_\_\_\_\_ DATE: \_\_\_\_\_

( ) Philosophy, Principles and Organization of Athletics in Education \_\_\_\_\_

( ) Health Science Applied to Coaching \_\_\_\_\_

( ) Theory and Techniques of Coaching \_\_\_\_\_

POTENTIAL SCHEDULING CONFLICTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND TRUE AS OF THIS DATE:

\_\_\_\_\_

DATE

SIGNATURE