

ATHLETICS

Coaching Application

Application Instructions:

- 1. Complete all areas of this form
- 2. Attach or email all required documents
- 3. Applications must be received not later than the posted deadline to be considered

Mail or Email all Materials to:

Michael J. Markwica or Superintendent Johnsburg Central School 165 Main Street North Creek, NY 12853 <u>mmarkwica@johnsburgcsd.org</u> Timothy Farrell Superintendent Minerva Central School 1466 Co. Rte. 29 Olmstedville, NY 12857 farrellt@minervasd.org

APPLICATION INFORMATION

First Name:				
Last Name:				
Street Address:				
City:	State:	Zip:		
Phone Number: Home	Cell	Cell		
Email Address:				
Date of Birth:	Teach I.D. #	Teach I.D. #		
Employer:	Occupation			

EDUCATION

	Name of Institution	Dates Attended	Date Graduated	Degree
High School:				
Undergraduate:				
Graduate:				
Other:				

COACHING EXPERIENCE

Sports Coached	Year	Level	Coaching Position	Number of Years

ATHLETIC EXPERIENCE

Sport Played	Level	Position(s)	Number of Years

REFERENCE

Name	Job Title	Telephone Number

Please mark the sport(s) you are interesting in coaching:

COACHING INTEREST/CERTIFICATION				
SOCCER	□ CERTIFIED	CROSS COUNTRY	Y RUNNING	□ CERTIFIED
□BOYS	□VARSITY		UVARSITY	
GIRLS				
BASKETBALI	L 🗆 certified	NORDIC SKIING	CERTIFIED	
BOYS	□VARSITY		VARSITY	
□GIRLS	□MODIFIED	GIRLS		
BASEBALL	□ CERTIFIED	SOFTBALL	□ CERTIFIED	
□BOYS	□VARSITY		UVARSITY	
		GIRLS		
TENNIS	□ CERTIFIED			
□BOYS	□VARSITY			
	□MODIFIED			