## WAPPINGERS CENTRAL SCHOOL DISTRICT Department of Interscholastic Athletics

## APPLICATION FOR INTERSCHOLASTIC COACHING POSITION

POSITION APPLYI	NG FOR					
PERSONAL DATA	:	Position	Level	School		
Name			E-Mail Address			
Mailing Address			Home Phone			
City, State Zip			Cell Phone			
☐ District Employee	School [			NYS Certified Teacher		
EDUCATION:			Do you hold an	y of the following certifications?		
Highest Level of Education			☐ CPR Date ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
Institution			NYS Coachin	g Sports		
			Specialty (Ple	ease List)		
			Specialty License	2		
Please list experien	ice pertinent to the	e position which you ai	re applying for (C	oaching, Teaching, Playing)		
Dates	Position	n Organizati	ion	Level		
REFERENCES: (A which you are apply		nree references must be	in support of you	r ability to perform in the position for		
Name	Position	Organizatio	on	Phone Number		
Have you ever been e	mployed by the distric	ct? If yes, please describe				

<b>Moral Character Determination</b> Answer	r yes or no.				
Have you ever been dismissed, resigned fr	om, entered into a sett	tlement a	greement, or ot	herwise left employn	nent
to avoid investigation and/or dismissal for	alleged misconduct?		○ No		
Did you ever receive a discharge from the	Armed Forces of the	United St	ates which was	s other than "Honorab	le?
Have you ever been convicted of any crim	•		○ No er than minor t	raffic violations?	
Do you currently have any criminal charge	es pending against you	ı? ○Yes	○ No		
Have you ever had an application for a tea	ching credential in Ne	w York o	or any other jur	isdiction denied?	
Have you ever had a teaching credential is	sued in New York or	any other	jurisdiction re-	voked, suspended, an	nulled,
or otherwise invalidated?		○ Yes	○ No		
Have disciplinary proceedings ever been i		ırsuant to	Education Lav	w Section 3020-a or th	ne
disciplinary provisions of any other jurisdi	ictions?	○ Yes	○ No		
If you answered "yes" to any of the qu None of the above circumstances repres		-		• • •	ng the specific
DATE:	SIGNATURE:				

PLEASE RETURN TO:

Kathryn Polumbo, District RCK Annex 99 Myers Corners Road Wappingers Falls, NY 12590 Kathryn.Polumbo@WappingersSchools.org