

## Department of Interscholastic Athletics: APPLICATION FOR INTERSCHOLASTIC COACHING POSITION

| Application for positio              | on of:  |                                      |  |  |  |  |  |
|--------------------------------------|---|--------------------------------------|--|--|--|--|--|
| D 1D 1                               | Position  | Level                                | School                                 |  |  |  |  |
| Personal Data: Name                  |   | Social Security Number               |  |  |  |  |  |
| Last, First, Middle                  |   |                                      | ^                                      |  |  |  |  |
| Address                              |   |                                      |  |  |  |  |  |
| Street Address, C                    | City, State, Zip Code                                 |                                      |  |  |  |  |  |
| Telephone Number                     | Ce  | Cell Phone Number                    |  |  |  |  |  |
| E-mail Address                       |   |                                      |  |  |  |  |  |
| ☐ District Employee/ Scho            | ool:  |                                      |  |  |  |  |  |
|                                      | :   |                                      |  |  |  |  |  |
| Provisi                              | ional, Initial, Permanent or F                        | Professional Certification           | Area Effective Da                      |  |  |  |  |
| ☐ Specialty: If yes, p               | e:<br>If yes, please list sport:<br>please list type: |                                      |  |  |  |  |  |
| <b>Education:</b>                    |   |                                      |  |  |  |  |  |
| Highest Level of Education           | 1:  | Institution:                         |  |  |  |  |  |
| Experience: Please list 6            | experience pertinent to the po                        | osition which you are applying for   | (Coaching, Teaching, and Playing)      |  |  |  |  |
| Dates                                | Position  | Organization                         | Level                                  |  |  |  |  |
|                                      |   |                                      |  |  |  |  |  |
|                                      |   |                                      |  |  |  |  |  |
| References: (At least two applying.) | o of the three references mus                         | t be in support of your ability to p | erform in the position for which you c |  |  |  |  |
| Name                                 | Position  | Organization                         | Phone                                  |  |  |  |  |
|                                      |   |                                      |  |  |  |  |  |
|                                      |   |                                      |  |  |  |  |  |
|                                      |   |                                      |  |  |  |  |  |

| Have you ever been employed by   | the district? If yes, please describe:  |  |   |  |  |  |
|--|---|--|---|--|--|--|
| investigation and /or dismissal for Did you ever receive a discharge for Have you ever been convicted of a Do you currently have any criminal Have you ever had an application Have you ever had a teaching creditional invalidated?   | signed from, entered into a settlement alleged misconduct? Yes from the Armed Forces of the United Yes any crime (felony or misdemeanor), of all charges pending against you?  Yes for a teaching credential in New Yor Yes dential issued in New York or any other Yes | No States which was other th No other than minor traffic vio No k or any other jurisdiction No ner jurisdiction revoked, su No | nan "Honorable"?  plations?  denied?  |  |  |  |
| Yes No  If you answered "yes" to any of the questions above, attach an explanation for the response, providing the specifics. None of the above circumstances represents an automatic bar to employment by the District.   |   |  |   |  |  |  |
| Retirement Advisory: If you are not presently a member of the New York State Teachers' Retirement System, please be advised of the following: Substitute teachers in NYS public schools have the right to join the NYS Teachers' Retirement System (NYSTRS). While membership is mandatory for full-time teachers employed under annual contracts, membership is optional for teachers, such as substitutes, who render less than full-time service and/or who are not employed under annual contracts. If you elect to join, after two years of credited service you may be eligible to purchase credit for service rendered prior to your membership date. If you were previously a member of a NYS public retirement system, you may be eligible for reinstatement to the date of membership and membership tier you previously held. If you have an active membership in another NYS public retirement system, you may wish to consider transferring your membership into NYSTRS or you may choose to maintain simultaneous membership in more than one NYS public retirement system. As a member, you will be required to contribute 3.5% of your earnings to NYSTRS throughout active membership. If you stop teaching in NYS public schools before being credited with 10 years of service in NYSTRS, you may apply for a refund of your contributions with interest. If credited with at least 10 years of service, you will be entitled to a lifetime pension at age 62 or as early as age 57 if you have 30 or more years of credited service. In addition, if credited with at least 10 years of service, you may be eligible for a disability pension at an earlier age. Your beneficiary will be protected by a death benefit if you die in service after you have been credited with one year of service. You may join NYSTRS at any time. To join, call the Office of Human Resources to schedule an appointment to complete a membership application. If you join NYSTRS through another employer, you must notify us immediately. If you are retired and receiving a benefit from a New York State public emp |   |  |   |  |  |  |
| I affirm that the statements made in this application and all accompanying documents are true and complete to the best of my knowledge. I authorize investigation of my employment history and all statements contained in this application and any accompanying documents. In the event of employment, I understand that false information or a deliberate omission found herein may be cause for dismissal. Furthermore, I acknowledge that I have read the Retirement Advisory.   |   |  |   |  |  |  |
| Signature  |   |  | Date  |  |  |  |
| Please Return to: JJ/VW  | Mr. Kurt Jesman, Athletics<br>2012 Route 52<br>Hopewell Junction, NY 12533<br>Kurt.Jesman@wcsdny.org  | RCK/WJHS   | Mr. Kurt Jesman, Athletics<br>99 Myers Corners Rd<br>Wappingers Falls, NY 12590<br>Kurt.Jesman@wcsdny.org |  |  |  |