

# PERU CENTRAL SCHOOL DISTRICT

District Office  
PO Box 68, School Street, Peru, New York 12972

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## ATHLETICS PROGRAMS AND COACHING APPLICATION

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Thanks for your interest in being a member of our organization. Please print or type the information requested. Return your completed application to the district office, using the address provided above. Please also provide us with your placement folder [if available], three reference letters, a résumé, letter of interest, and a **copy** of any certificate or license you may have.

### GENERAL INFORMATION

Last Name	First Name/Initial	Middle Name/Initial
Present Address		
Permanent Address [if different]		
Daytime Telephone Number	Evening Telephone Number	Social Security Number
Are you a U. S. Citizen?    yes    no    If no, what visa do you hold?		
Are you a veteran of the U.S. Military?    yes    no    If "yes", please give date of discharge.		
Have you ever been convicted of a crime?    yes    no    If "yes", please explain.		
Are you receiving benefits from the NYS Teachers Retirement System?    yes    no		
Are you receiving benefits from the NYS Employees Retirement System?    yes    no		
Have you been previously employed by our school district?    yes    no		
If "yes" to the question above:    Start Date: ____/ ____/ ____    End Date: ____/ ____/ ____		
List any relatives or friends employed by our school district:		

The Peru Central School District is an equal opportunity employer. The District does not discriminate on the basis of race, color, national origin, creed, sex, age, handicap, or as otherwise decreed by Law, and is in compliance with Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973. Accordingly, nothing in this application should be viewed as expressing directly or indirectly any limitations, specifications or discrimination in connection with those listed areas. The Compliance Officer for Title IX and Section 504 can be contacted through the district office, at the address above.

## EDUCATION PREPARATION

Please indicate any high school, undergraduate college, graduate school and/or technical/vocational school you've attended.

School Name and Location	Diploma & Date	Field of Study

## COACHING AND OTHER RELEVANT WORK EXPERIENCE [MOST RECENT FIRST]

Name of Organization and Location	Begin Date	End Date	Your Role with That Organization	Reason For Leaving

## ADDITIONAL EXPERIENCE OR SKILLS

You're welcome to describe below any additional experiences or skills you have that are pertinent to the athletics/coaching role.

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**REFERENCES**

Please list five [5] individuals, including your present supervisor, whom we may contact in regards to this employment application. Please provide us with your **placement folder** [if available] and **three reference letters**.

Individual's Name	Relationship To You	Address	Daytime Telephone	Office Use Only

Please indicate below any special notes regarding accessibility of references.

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**CERTIFICATION**

\*State Education Law, Article (6), Section 3001b, requires that a person appointed as a coach of an interschool athletic team must hold valid first aid skills and knowledge certification (minimum of 12 hours initial training, valid for 3 years); and adult CPR certification (minimum of 4 hours training, valid for 2 years).

Do you currently have:  
 First Aid Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

CPR Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide us with a **copy** of any certificate or license you've earned.

Subject/Certification Area and State of Origin	Type	Effective Date	Expiration Date
NY Other ____	Perm Prov Temp		
NY Other ____	Perm Prov Temp		
NY Other ____	Perm Prov Temp		
NY Other ____	Perm Prov Temp		

If you're applying for a coaching assignment yet you are not currently certified, please indicate your certification status by checking **one** of the boxes below.

- Application submitted to NYSED – certificate forthcoming
- Application submitted to NYSED – decision pending
- I have not yet filed an application with NYSED

\*The Education Law and commissioner's regulations require fingerprinting and a criminal history background check for prospective employees of school districts.

Do you currently have fingerprinting clearance through the New York State Education Department?

Yes \_\_\_\_\_ No \_\_\_\_\_

**TENURE STATUS** (please circle yes or no)

Have you ever had tenure in New York State? If “yes”, when and where?	Yes	No
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Have you ever been denied tenure in New York State? If “yes”, please explain.	Yes	No
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Have you ever been denied a contract? If “yes”, please explain	Yes	No
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**PERSONAL STATEMENT**

Briefly summarize your thoughts on what you would bring to our organization as a part of our athletics/coaching team that would help us:  
“... Provide a positive, safe and caring environment, where teaching and learning are emphasized and rewarded, and where there is mutual respect ...”

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**CANDIDATE STATEMENT**

I hereby affirm that the statements made by me in this application are true, to the best of my knowledge and belief. I understand that any false or misleading statements will be considered justification for disqualification of my application or termination of my employment.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of Applicant

This application is invalid without the signature and date.

Thanks for your interest in being a member of our organization’s athletics/coaching team. Please return this completed document to:

Superintendent of Schools  
Peru CSD District Office  
PO Box 68, 17 School St.  
Peru, NY 12972