



Whitney Point Central School District

Department of Athletics, Health and Physical Education

Whitney Point Central School District
P.O. BOX 249, Whitney Point, NY 13862
Phone: (607) 692- 8245
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Director- Murphee Hayes
mhayes@wpcsd.org

Secretary- Teresa Ellerson
tellerso@wpcsd.org

The Mission of the Whitney Point Central School District is to provide an excellent education ensuring that all children maximize their potential, become contributing citizens, and pursue lifelong learning.

Date of Application _____

Name _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-Mail _____

Social Security Number: _____

Coaching Position for which you are applying _____

Employment Experience

(For Applicants who do not currently work for the Whitney Point Central School District)

School District/Company Name _____

Address _____

Your Position Title _____

Supervisor's Name and Title _____

Length of Employment _____

Earnings _____

Hour worked per week _____

Duties _____

Reason for leaving _____

Employment Experience

School District/Company Name _____

Address _____

Your Position Title _____

Supervisor's Name and Title _____

Length of Employment _____

Earnings _____

Hour worked per week _____

Duties _____

Reason for leaving _____

Employment Experience

School District/Company Name _____

Address _____

Your Position Title _____

Supervisor's Name and Title _____

Length of Employment _____

Earnings _____

Hour worked per week _____

Duties _____

Reason for leaving _____

Prior Coaching Experience

(please list sport, coaching for whom, date, and your background)

Coaching Philosophy

Season Goals for the program you are applying for:

Education

(For Applicants who do not currently work for the Whitney Point Central School District)

Name and Location of High School-_____

Did you graduate yes or no? _____

Name and Location of College Undergraduate-_____

Did you graduate yes or no? _____

No. of Credits Completed_____ **Major/Minor**_____ **Degree**_____

Name and Location of College Graduate-_____

Did you graduate yes or no? _____

No. of Credits Completed_____ **Major/Minor**_____ **Degree**_____

Certifications

(Please make sure to provide copies of all certifications for the athletic department)

Certified Physical Education Teacher **Date of Certification**_____

Certified Teacher **Date of Certification**_____

Temporary Coach **Date of Certification**_____

Have you met or currently working toward coaching certification?

Yes_____

No_____

Coaching Course I **Date Completed**_____

Coaching Course II **Date Completed**_____

Coaching Course III **Date Completed**_____

Do you have a current first aid card? Date card was issued_____

Yes_____

No_____

Do you have a current C.P.R. card? Date card was issued_____

Yes_____

No_____

Do you have a current A.E.D. card? Date card was issued_____

Yes_____

No_____

Do you have a current Concussion certification. Date was issued _____
Yes _____ No _____

Complete Fingerprinting requirements date issued _____
Yes _____ No _____

If you are not a certified teacher, please complete the following:

Completed SAVE course date issued _____
Yes _____ No _____

Completed Child Abuse course date issued _____
Yes _____ No _____

Completed DASA course date issued _____

Please list other areas of Certification _____

Other

**Do you have the legal right to accept employment in the United States?
(Non-citizens will required to produce 1-151 or 1-551 alien registration
cards at time of appointment)**

Yes _____ No _____

**Have you ever been convicted of a misdemeanor or felony?
If yes please give particulars and disposition of each charge on a
separate sheet and attach same.**

Yes _____ No _____

**For reference purposes do you have any objections to our contacting
present or past employers? If you, comment.**

Yes _____ No _____

Do you serve in the armed forces of the United States?

Branch- _____ Date _____

**Did you receive a discharge which was honorable or were you releases
under honorable circumstances?**

Yes _____ No _____

References

Name- _____
Position- _____
Company or Business Name- _____
Phone Number- _____
E-mail- _____

Name- _____
Position- _____
Company or Business Name- _____
Phone Number- _____
E-mail- _____

Name- _____
Position- _____
Company or Business Name- _____
Phone Number- _____
E-mail- _____

Available times to speak with the Athletic Director

Declaration I agree, if employed, to abide by all the rules and regulations relative to my position. I agree to undergo a physical examination, if required, and authorize the examining physician to render to the Department of Personnel the results of the examination. I declare that the statements made in this application (including statement made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/or falsification information contained in this application may constitute grounds for my dismissal. I give the employer the right to investigate all references and to secure addition job related information about me. I hereby release from liability for the employer and its representative for seeking such information and all other persons, corporation or organization for furnishing such information.

Signature _____ Date _____

Please print any other surnames (last names) by which you are or have been know.

The Immigration Reform and Control Act of 1986, requires that all individuals must provide acceptable documentation that proves identity and employment eligibility. A listing of acceptable documents can be obtained from the Department of Personnel. Failure to provide this documentation will affect your changes of employment with Broome County