

**COACHING APPLICATION  
LAKE PLACID CENTRAL SCHOOL  
50 CUMMINGS ROAD  
LAKE PLACID, NEW YORK 12946  
518-523-2475**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Retirement No.: \_\_\_\_\_

Degree: \_\_\_\_\_ College: \_\_\_\_\_ Year: \_\_\_\_\_

Advanced Degree: \_\_\_\_\_ College: \_\_\_\_\_ Year: \_\_\_\_\_

**DO YOU CURRENTLY HOLD A NEW YORK STATE COACHING LICENSE:    \_\_\_ Yes    \_\_\_ No**

**IF YES, EXPIRATION DATE: \_\_\_\_\_**

A copy of your New York State Coaching License must accompany this application, if you have one. Also, please provide us with a copy of any of the required coaching courses that you have completed. Because of the new SAVE Legislation, you will also be required to be fingerprinted. We can do the fingerprinting in the Administrative Services Center located behind the high school. **ALSO, IN ORDER TO COACH, YOU NEED TO HAVE A CURRENT CPR CARD AND FIRST AID CARD.**

Coaching Experience: \_\_\_\_\_  
\_\_\_\_\_

Sport(s) that you will be coaching: \_\_\_\_\_

**PERSONAL DATA**

Have you ever resigned from a coaching position without being asked, but under circumstances involving an investigation of mishandling funds or of criminal conduct? \_\_\_ Yes    \_\_\_ No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from a coaching position or asked to resign by a school employer? \_\_\_ Yes    \_\_\_ No  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation for any crime other than a minor traffic offense? \_\_\_ Yes    \_\_\_ No  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**References:** Name, Address, Telephone Number

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WAIVER  
PUBLIC LAW 93-380

I, \_\_\_\_\_, being aware of the provisions of Public Law 93-380, "Family Educational Rights and Privacy Act of 1964," hereby affix my signature and provide a waiver of the above law's provision.

I hereby grant authorization to the Lake Placid Central School, the Personnel Department and all Administrators in the Lake Placid Central Schools to:

1. Request any and all materials and information pertaining to my employment from any of my present or former employers, supervisors or co-workers in any bona fide school corporation.

I hereby further authorize:

1. Any bona fide school corporation to release any and all information (written or verbal) pertaining to my employment in that school corporation to the Personnel Department of the Lake Placid Central School.

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

\_\_\_\_\_  
**Date**

I hereby certify, that to the best of my knowledge and belief, the foregoing statements are true, correct and complete. I further understand that this application will become part of my permanent personnel file should I be employed by the Lake Placid Central School.

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