

# VOORHEESVILLE ATHLETICS

**JOSEPH SAPIENZA**  
*Director of Physical Education*

**PHONE: 518-765-3314 ext. 208**  
**FAX: 518-765-2751**

## ATHLETIC DEPARTMENT APPLICATION FOR EMPLOYMENT

RETURN TO:

**Deborah Baron**  
**District Office**  
**Voorheesville Central School District**  
**P.O. Box 201**  
**Voorheesville, New York 12186**

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*Coaching Position Sought*                      *Season*                      *Today's Date*

\_\_\_\_\_  
*Last Name*                      *First*                      *Middle Initial*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*                      *State*                      *Zip*                      *Home Phone / Cell Phone*

\_\_\_\_\_  
*Business Address*                      *Business Phone*

\_\_\_\_\_  
*E-mail Address*

NOTE

*Please fill in all blanks, even if information is on résumé.  
(Include your most recent or updated résumé)*

***It is the policy of the Voorheesville Central School District that no person shall be subjected to discrimination on the basis of race, color, sex, national origin or handicapping condition.***

**EDUCATION**

List schools you have attended or graduated from; most recent ones first

School or College	Address	Degree (If Any)	Date Graduated

**WORK OR ARMED SERVICES EXPERIENCE**

List all related work experience; most recent first

Employer	Address	Phone	Duties

**COACHING EXPERIENCE**

List (in outline form) coaching experiences related to position sought;

Most recent ones first

Coaching Experience	Place of Employment	Supervisor	Work Phone (with area code)

Please briefly explain why you feel your qualification can justify your being hired for this position.  
Why do you wish to coach at Voorheesville?

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Document First Aid, CPR or other related areas of First Aid training.  
*(Please enclose proof of documentation)*

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List coaching courses or NYS phase courses you have. *(Include completion date and proof of documentation)*

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Restrictions in your time schedule:

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Availability to start coaching:

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Indicate your health status:

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Medical restrictions:

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REFERENCES:

A. List coaching related references:

Name/Title	Organization Name/Address	Phone	Number of Years Known

B. List any business related references you wish to add:

Name/Title	Organization Name/Address	Phone	Number of Years Known

C. List any personal references you wish to add:

Name	Address	Phone	Number of Years Known

