## **Lewiston-Porter Central School District**

## Department of Athletics Coaching Application

POSITION APPLIED FOR:

DATE OF APPLICATION	<b>1</b> :				
PLEASE PRINT TH	IS APPLICATION	AND COMPLETE USING	A BALLPOINT PEN.		
PERSONAL INFOR	MATION				
Full Name:					
Social Security Number:					
Present Address:					
	NUMBER	STREET	APT. # or PO BOX		
	CITY	STATE	ZIP		
Present Home Telephone	#:	• Present Cell Telephone #:			
Email Address:					
How long have you lived	at your present address?	<u>.                                    </u>			
Previous Address:					
Tievious Address.	NUMBER	STREET	APT. # or PO BOX		
	CITY	STATE	ZIP		
How long did you live at	your previous address?:				
If you do not have a phor	ne, how may we contact	you?:			
• Are any of your relatives	presently employed with	n the district? YesNoIf	yes, name of relative:		
· Have you ever worked fo	or the district before? Yes	s No If yes, where?	Approximate date (mo./yr.):		
Have you ever applied to	the district before? Yes_	No If yes, where?	Approximate date (mo./yr.):		
· How were you referred?:					
How were you referred?: GENERAL INFORMAT					

ation and rehabilitation			, , , , , , , , , , , ,	me of the offense, seriousness and nature
yes, please explain: _				
ave you ever been disc	charged from any emp	loyment or asked to	resign? ( ) Yes ( ) No.	
yes, please explain: _				
ACHING EXPE	RIENCE			
se indicate ALL expe	rience you have as a c	eoach in regards to t	he sport you are applying f	For.
Sport/Level	Year Start Date	Year End Date	Organization	Title/Responsibilities
			<u>l</u>	
ature:			Dat	e: