

Niskayuna Central School District

1239 Van Antwerp Road, Niskayuna, NY 12309 (518) 377-4666 I (518) 377-4074 fax I <u>dmarriott@niskyschools.org</u> Supplemental Application

(10/17)

An Equal Opportunity/Affirmative Action Employer

Personal Information											
Nar	ne						Phone				
	Coaching Positions Additional Information (Please complete this section if you are applying for a coaching position)										
	Season (Fall/Winter/Spring)	and Girls or Boys) Level (Mod/Fresh/JV/Varsit				Position (Head Coach/Asst. Coach)					
	Athletic Experience										
	Sport Level Years			<u> </u>	Organization				Position		
				 					Player	Coach	
				<u> </u>					Player	Coach	
hes									Player	Coach	
Soac				Certificatio	ns and	Licenses					
tic (Do you hold a valid NYS Teach	Yes	No	If Yes, Subjects(s):							
Athletic Coaches	Do you hold a valid NYS Coac	Yes	No	If Yes, Type/Date Issued:							
A	NFHS Accredited Interscholas Certificate?	Yes	No	If Yes, Type/Date Issued:							
	Other Workshops or Coursework										
	*Child Abuse		Yes	No	(Needed for first coaching license, has lifetime validity)						
	*School Violence	Yes	No	(Needed for first coaching license, has lifetime validity)							
	*DASA (Dignity for All Studen	Yes	No	(Needed for first coaching license, has lifetime validity)							
	*Valid First Aid	Yes	No	(Must possess valid certificate & recertify every 3 years)				;)			
	*Valid CPR/AED	Yes	No	(Must possess valid certificate & recertify every 2 years)							
	*Philosophy, Principals & Org	Yes	No	(Must be completed within 2 nd year of coaching)							
	*Health Sciences Applied to (Yes	No	(Must be completed within 5 th year of coaching)							
	*Theory and Techniques of C	oaching in Ed	ducation	Yes	No	(Must be co	mpleted within	5 th yea	ar of coaching)		
	Lifeguards Additional Information (Please complete this section if you are applying for a lifeguard position)										
	Lifeguarding/Swimming Experience										
rds	Organization			Location				Position			
Lifeguards											
Life	Workshops										
	*Valid First Aid			Yes	No	(Must mainta	in valid certifica	ate duri	ing employment)		
	*Valid CPR/AED			Yes	No	(Must maintain valid certificate during employment)					
	*Valid Lifeguarding			Yes	No	(Must maintain valid certificate during employment)					

	Teaching Assistant Additional Information (Please complete this section if you are applying for a Teaching Assistant position)										
	Do you hold a valid NYS Teaching		Yes	No							
	If Yes, please indicate type:	Level I	Le	evel II	Level III	Date Issued:					
Teaching Assistants	Teaching Assistant Minimum Requirements Individuals who do not have a Level I Teaching Assistant Certificate may be eligible to be employed as a substitute Teaching Assistant, provided they have at least a high school diploma or a GED, and make a commitment to complete the requirements for a Level I Teaching Assistant Certificate within 40 days. Please indicate whether you have the following:										
g A	*HS Diploma or GED	Yes	No	(Need	ed for Level I Teacl	hing Assistant Certificat	:e)				
Teachir	*Child Abuse	Yes	No	(Need	ed for Level I Teacl	hing Assistant Certificat	e, has lifetime val	idity)			
	*School Violence	Yes	No	(Need	ed for Level I Teacl	hing Assistant Certificat	e, has lifetime val	idity)			
	*DASA (Dignity for All Students)	Yes	No	(Need	ed for Level I Teacl	hing Assistant Certificat	e, has lifetime val	idity)			
	*ATAS Exam	Yes	No	(Need	ed for Level I Teacl	hing Assistant Certificat	e, has lifetime val	idity)			
	*College Coursework		No	(9 Cred	dits needed for Ne	eded Level II Teaching	Assistant Certifica	te)			
	*Are you willing to complete the	requirements for a Level I	Teaching	g Assista	nt certificate with	in 40 days?	Yes	No			
	Bus Driver Additional Information (Please complete this section if you are applying for a Bus Driver position)										
Bus Drivers	Do you hold a valid NYS driver's l	icense? Yes	No	If Yes,	Motorist ID #:						
	Do you hold a valid NYS DMV corlicense (Class B)?	nmercial Yes	No	If Yes,	Motorist ID #:						
	Do you have other SAE certificate a NYS Licensed Motor vehicle ins		No		dentify ate(s) held:						
	NYSDMV 19A Examiner/Certification	tion # Yes	No	If yes,	olease provide #:						
	Bus Driver Minimum Requirements Individuals who do not have a NYS DMV Commercial License (Class B) may be eligible to obtain bus driver training at Niskayuna. Candidates earn minimum										
	*NYSDOT Physical	Yes	No	If yes, please provide date of most recent physical:							
	*Drug Test		No	If yes, please provide date of most recent test:							
	*30 hr. NYS Education Course		No	If yes, please provide certificate							
	*10 hr., pre-service		No	If yes, please provide certificate							
	*NYS DMV Fingerprint clearance		No	If yes, please provide approximate date of fingerprinting							
	*Have you had any traffic infractions in the past four (4) y (attach additional sheets if necessary).			s, pleas	e complete the fol	lowing	Yes	No			
	Court	Location			Туре	of Infraction	Date				
		Supplemer	ntal App	licatio	n Signature						
I certify that all statements made by me on this addendum are true and complete to the best of my knowledge. I understand that any false or misleading statements and/or any omissions, on my application, or on any other supporting documents, will be considered justification for disqualification of my application or termination of employment. I authorize an investigation of all statements herein and further authorize all cited references to give you any and all information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize the Niskayuna Central School District to check my references, to obtain information from my former employers and educational institutions, to take other action to investigate any information provided in my											

employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. I authorize the Niskayuna Central School District to obtain information about my criminal record and authorize all government agencies to provide information about my criminal record to the district.

Date:

Signature: