

Carbondale Area High School COACHING APPLICATION



Mr. Robert Mehalick, Superintendent
Mr. Joseph Farrell, High School Principal
Mr. Erik Larson, Athletic Trainer/Athletic Director

Brooklyn Street / Business Route 6
Carbondale, PA 18407
Phone: (570) 282-4500
Fax: (570) 281-7102

Position Applying for: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip Code)

Home Phone: _____ Work Phone: _____

Do you have a teaching application on file with the district? YES ___ NO ___

Do you hold a current Pennsylvania teaching or substitute certificate? YES ___ NO ___

IF YES: What subjects are you certified to teach? _____

Have you ever been convicted of any violation of law, other than minor traffic offenses? If your answer is YES, please give details on a separate sheet. YES ___ NO ___

Have you been discharged or forced to resign from any position? YES ___ NO ___

EDUCATION: High School(s) Attended and Date Graduated:

Sports Participated In:

College/University(s) Attended and Degree Earned:

Sports Participated In:

COACHING EXPERIENCE (Please note any awards or accomplishments received):

School _____ Level _____ Year(s) _____ Sport _____

School _____ Level _____ Year(s) _____ Sport _____

School _____ Level _____ Year(s) _____ Sport _____

****IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED YOU MUST HOLD CURRENT CPR/FIRST AID CERTIFICATION OR OBTAIN CERTIFICATION BEFORE THE 1ST REGULARLY SCHEDULED GAME: PLEASE INCLUDE COPIES OF CERTIFICATIONS****

REFERENCES:

(Name & Title) (Institution) (Address) (Phone)

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Please attach any pertinent information (i.e. Resume, certifications, ect.)