



Department of Athletics
YORK COUNTY SCHOOL OF TECHNOLOGY

2179 South Queen Street, York, Pennsylvania 17402-4696
 Phone: 717-747-2147 Fax: 717-747-0106 athleticdirector@ycstech.org

FOR YCST USE ONLY

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DOB: _____
 Position Recommended: _____
 Years of Experience: _____
 Approvals (Initial and Date):
 AD _____
 Principal _____

COACHING APPLICATION

Sport Gender: Boys Girls

Sport Level: Varsity Freshman

Coaching Level: Head Assistant

Sport:

- | | | | |
|-------------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Golf | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Rifle | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Softball | <input type="checkbox"/> Weight Room |
| | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |

PLEASE PRINT

Name: _____ Date: _____

Street: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

EDUCATION

Check Highest Completed: High School Two Year College Four Year College Post Graduate

Degree: _____

Other Certifications: _____

Special Training: _____

PERTINENT ATHLETIC PLAYING EXPERIENCE

High School Playing Experience – School: _____

Sport	Years Played	Position	Special Awards

College Playing Experience – School: _____

Sport	Years Played	Position	Special Awards

COACHING EXPERIENCE

Sport (Boys/Girls)	Years as Head Coach	Years as Asst. Coach	School Name & Phone Number

COACHING ASSETS AND PHILOSOPHY

List your best assets as a coach for the position for which you are applying:

What is your philosophy of coaching?

EMPLOYMENT HISTORY

Name, Address & Phone Number of Employer (Most Recent First)	Position Held	Immediate Supervisor Name & Title	From -- To	Reason for Leaving

REFERENCES

Please list the names of three people (not relatives) who are familiar with your character and qualifications.

Name	Address	Phone	Occupation

The information I have given is correct to the best of my knowledge. The York County School of Technology has my permission to check all information and references listed on this application.

Signature: _____ Date: _____

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RETURN APPLICATION MATERIALS TO: Director of Athletics
York County School of Technology
2179 South Queen Street
York, PA 17402-4696