



APPLICATION FOR SUPERINTENDENT OF SCHOOLS

ST. REGIS FALLS CENTRAL SCHOOL DISTRICT

ST. REGIS FALLS, NEW YORK 12980



1. Complete this application form and forward to:

Stephen T. Shafer, District Superintendent
Sole Supervisory District of Franklin-Essex-Hamilton Counties
P.O. Box 28
Malone, New York 12953
2. You are invited to attach any additional supporting information and/or to enclose other materials for consideration.
3. Request that your college or university placement office mail a copy of your confidential folder to the above address.
4. You will be contacted if an interview is to be held.
5. The St. Regis Falls Central School District does not discriminate on the basis of race, creed, color, national origin, age, marital status, disability or gender.
6. Application materials must be submitted no later than **March 29th, 2019**

Please Print or Type

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Business Address: _____ Telephone: _____

_____ Zip Code: _____

Home Address: _____ Telephone: _____

_____ Zip Code: _____

Present Position: _____ Current Salary: _____

Type of Organization or School District: _____

Personnel Responsible To You: _____ Number of Teachers: _____ Others: _____

PROFESSIONAL PREPARATION

Institution and Location	Major/Minor	Degree

Do you presently possess or are you eligible for a certificate valid in New York State for the position of Superintendent of Schools (School District Administrator)?

Yes No

If you hold such a certificate, please attach a photocopy.

Other certificates held:

Title of Certificate	Valid in the State of:

EMPLOYMENT HISTORY

List all experience in REVERSE chronological order. Include both school and non-school experience, also any military service.

Institution or Activity and Location	Title of Position	Years From/To	Size/Unit

REFERENCES

Please list at least four professional references who, during the past five years, are knowledgeable as to your educational or other experience.

Name:	Title:
Address:	Telephone:
	Zip Code:

Name:	Title:
Address:	Telephone:
	Zip Code:

Name:	Title:
Address:	Telephone:
	Zip Code:

Name:	Title:
Address:	Telephone:
	Zip Code:

I have requested my placement file be forwarded from: _____
Name of Institution

SIGNATURE: _____ DATE COMPLETED: _____

Are you a U.S. Citizen or eligible to work in the U.S.? Yes No

Have you ever been convicted of a crime? Yes No If yes, please explain _____

Were you ever appointed on tenure in a public school district or Board of Cooperative Educational Services (BOCES) in New York State? Yes No

If yes, complete: Tenure Area: _____ Effective Date: _____
Name and Address of School District where tenure was granted: _____

If you answer yes to any of the following four questions, please give specifics on a separate sheet of paper:

1. Have you ever received a penalty pursuant to Education Law §3020-a or Civil Service Law §75? Yes No
2. Have you ever had your certificate revoked? Yes No
3. Have you ever received a censure and/or reprimand based on action of the Board of Regents: Yes No
4. Have you ever had a contract not renewed? Yes No

I hereby certify that the above information, together with any additional information furnished in conjunction with this application, is furnished for the purpose of gaining employment, and is true to the best of my knowledge and belief. I understand that such information shall be the basis of me being considered for employment, and that false statements may result in my application not being considered or my dismissal from future employment.

Authorization is hereby given to St. Regis Falls Central School District and their Search Consultant to obtain reference checks from any of the named sources in this application and the sources to release information if requested by St. Regis Falls Central School District or their Search Consultant.

I understand that the Search Consultant and/or St. Regis Falls Central School District will be making an extensive inquiry regarding my background and experience and I hereby release from any liability anyone giving information regarding me, whether specified in my application or not, so long as the information given is relevant to the duties for which I have applied. I understand that the information gathered, in part or whole, may be shared with members of the school district involved in the search process. I further understand that all information gathered by you regarding my application will be the property of the school district and will not be released to me unless required by Federal or State statutes or regulations.

Applicant's Signature

Date

Willful misrepresentation of an actual fact may result in dismissal of an applicant hired or retained by the school district.

The St. Regis Falls Central School District is an Equal Opportunity Employer.



Continued on next page →

