



SCHALMONT CENTRAL SCHOOL DISTRICT

4 Sabre Drive, Schenectady, NY 12306

Phone: (518) 355-9200 ext. 4001

www.schalmont.org



PROFESSIONAL APPLICATION

Administration – Director of Physical Education, Health and Athletics

PERSONAL INFORMATION

Name: _____ Soc. Security #: _____

Present Address: _____

Permanent Address: _____

Check box if same as above

Telephone: _____ Are you legally available for employment in this country? ___Yes ___No

(Upon employment, you will be asked to produce two original forms of identification in accordance with the Immigration Reform & Control Act).

Present Position: _____ District or School: _____

When can you begin work? _____

CERTIFICATION

<u>Type</u>	<u>Field or Subject</u>	<u>Number</u>	<u>Date</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you do not have a valid NYS certificate, describe your plan to obtain a certificate appropriate to the position for which you are applying: _____

Have you ever been appointed to tenure in a public school district in New York State? ___Yes ___No

If yes, Tenure area: _____ Date Granted: _____

Are you or have you been a member of the NYS Employees or Teacher Retirement System? ___ Yes ___ No

If yes, provide membership number: _____

Non-Discrimination Notice: The Schalmont Central School District does not discriminate on the basis of race, color, national origin, creed, sex and age or handicap as decreed by Law, and is in compliance with Title IX of the Educational Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973.

EMPLOYMENT HISTORY: Begin with the most recent and use additional pages if necessary

Employer:	Immediate Supervisor, Title & Telephone: May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
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Address:	Dates Employed: Did you receive tenure? <input type="checkbox"/> If yes, when? _____
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Job Title:	Reason for Leaving:
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Describe the work performed and job responsibilities

Employer:	Immediate Supervisor, Title & Telephone: May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
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Address:	Dates Employed: Did you receive tenure? <input type="checkbox"/> If yes, when? _____
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Job Title:	Reason for Leaving:
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Describe the work performed and job responsibilities

EDUCATION

Undergraduate School(s) Institution

Major

Degree

Date

Graduate School(s)

Professional Organizations, Memberships, Honors (Exclude organizations the name or character of which indicates the race, color or national origin of its members)

Have you ever been convicted of any crime or misdemeanor other than a minor traffic violation?

Yes No

If yes, please give details:

Have you ever had a teaching/administrative certificate revoked or suspended? Yes No

Have you even been denied tenure? Yes No

UNITED STATES ARMED SERVICES RECORD

Dates: From – To

Branch

Highest Rank

Do you have any continuing Reserve Obligations?

PROFESSIONAL REFERENCES

<u>Name</u>	<u>Position</u>	<u>Work Phone</u>	<u>Cell Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

CANDIDATE'S STATEMENT

In your own handwriting, indicate those strengths you possess that will enable you to contribute to the educational programs of this district in the role of high school principal. Indicate attributes you feel would distinguish you from other candidates for this position.

Read carefully before signing: I hereby certify that the statements made and the information supplied are true and correct. I understand that falsification of any part of the application constitutes cause for rejection of application or dismissal after employment.

My signature below authorizes the Schalmont Central School District to obtain any or all records or information regarding employment from my prior employers, notwithstanding any stipulations with respect to confidentiality. I waive my right or access to any information submitted by references. I further agree to take any physical examinations the District may deem necessary.

Signature: _____ Date: _____

Return this application to: Superintendent of Schools
Schalmont Central School District
4 Sabre Drive
Schenectady, NY 12306