



# SCHALMONT CENTRAL SCHOOL DISTRICT

4 Sabre Drive, Schenectady, NY 12306

Phone: (518) 355-9200 ext. 4001

[www.schalmont.org](http://www.schalmont.org)



## PROFESSIONAL APPLICATION

### Administration

#### 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?  Yes  No  Later

Address:

Dates Employed:

Did you receive tenure?  If yes, when?

Job Title:

Reason for Leaving:

Describe the work performed and job responsibilities

Employer:

Immediate Supervisor, Title & Telephone:

May we contact for references?  Yes  No  Later

Address:

Dates Employed:

Did you receive tenure?  If yes, when?

Job Title:

Reason for Leaving:

Describe the work performed and job responsibilities

Employer:

Immediate Supervisor, Title & Telephone:

May we contact for references?  Yes  No  Later

Address:

Dates Employed:

Did you receive tenure?  If yes, when?

Job Title:

Reason for Leaving:

Describe the work performed and job responsibilities

**EDUCATION**

<u>Undergraduate School(s) Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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