

SARANAC CENTRAL SCHOOL DISTRICT
SARANAC, NY 12981



ADMINISTRATOR APPLICATION

It is the policy of the Saranac Central School District Board of Education not to discriminate based on sex, race, color, national origin, or handicap in the education programs or activities in which it operates. Furthermore, the Saranac Central School District Board of Education is required by Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation act of 1973 respectively not to discriminate in such a manner. Inquiries concerning this policy may be referred to the following school official:

Name: Javier Perez

Address:

District Office
Saranac Central School District
P.O. Box 8
Saranac, New York 12981

Telephone Number: 518-565-5600

This official will provide information, including complaint procedures, to any student or employee who feels that her or his rights under Title IX and/or Section 504 may have been violated by the District or its officials.

NOTICE: Applicants will be kept on file for one year from the date of application. If you desire to keep your application on file beyond that date, please notify the School District in writing or submit a new application.

SARANAC CENTRAL SCHOOL DISTRICT ADMINISTRATOR APPLICATION

DATE OF APPLICATION: _____

NAME: _____
 First Middle Last Maiden

APPLICATION FOR: _____

PRESENT ADDRESS: _____
 Street City State Zip Code

PERMANENT ADDRESS: _____
 Street City State Zip Code

TELEPHONE NUMBERS: Home: _____ Cell: _____

SOCIAL SECURITY #: _____ EMAIL ADDRESS: _____

If you are a member of the New York State Retirement System, please give your;
RETIREMENT #: _____

CERTIFICATION: (Please include a copy of the certification with the application)

<u>TYPE OF CERTIFICATION:</u>	<u>ISSUING DATE:</u>	<u>GRADE VALIDITY:</u>	<u>NUMBER:</u>	<u>STATE:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROFESSIONAL EXPERIENCES: (Teachers with less than two years experience, include practicing teaching assignments)

<u>DATES:</u>	<u>SCHOOL & ADDRESS:</u>	<u>SUBJECT MATTER:</u>	<u>YEARS:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION:

<u>DATES:</u>	<u>SCHOOL & ADDRESS:</u>	<u>DIPLOMA / DEGREES:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SERVICE:

DATES:

BRANCH:

TYPE OF DISCHARGE:

_____	_____	_____
_____	_____	_____

PROFESSIONAL ORGANIZATIONS:

A. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

B. WAS AN INVESTIGATION CONDUCTED OR PENDING AT TIME OF SEPARATION FROM PRIOR EMPLOYMENT? _____ YES _____ NO

C. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL FELONY OR MISDEMEANOR?

_____ YES _____ NO. IF YES, PLEASE EXPLAIN: _____

D.. N.Y.S. EDUCATION LAW REQUIRES FINGERPRINTING AND CLEARANCE FOR EMPLOYMENT.

1. HAVE YOU SUBMITTED FINGERPRINTS TO THE STATE EDUCATION DEPARTMENT FOR CLEARANCE?

_____ YES _____ NO

2. HAVE YOU RECEIVED CLEARANCE FOR EMPLOYMENT FROM THE STATE EDUCATION DEPARTMENT? _____ YES _____ NO

REFERENCES:

NAME:

POSITION:

ADDRESS:

HOME #:

WORK #:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANY ADDITIONAL STATEMENTS CONCERNING YOUR APPLICATION MAY BE MADE ON A SEPARATE SHEET.

CANDIDATE'S AFFIDAVIT

I certify that the information given in this application is correct. I understand that making a false statement on this application or withholding information pertinent to my candidacy, constitutes grounds for dismissal.

SIGNATURE: _____ **DATE:** _____