

**ALTMAR-PARISH-WILLIAMSTOWN CENTRAL
SCHOOL DISTRICT**

ADMINISTRATOR APPLICATION

Please complete this application and return along with your college placement folder, undergraduate transcripts, graduate transcripts, and New York State Certification to:

*Superintendent of Schools
Altmar-Parish-Williamstown Central School District
District Office - P. O. Box 97
Parish, New York 13131*

The Altmar-Parish-Williamstown Central School District does not discriminate on the basis of sex in the educational programs which it operates and the requirement of Title IX of The Education Amendments of 1972 not to so discriminate extends to employment in educational programs.

In accordance with State Law, Governor's Executive Order 40 and Section 504 of The Federal Rehabilitation Act of 1973, as amended, the Altmar-Parish-Williamstown Central School District is an equal opportunity employer. We consider applicants without regard to race, color, religion, creed, gender, national origin, age, sexual orientation, disability, marital or veteran status, or any other legally protected clause.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Applicant's Name

Position Desired

Date

Last Name _____ First Name _____ Middle Initial _____
 Present Address: _____ Permanent Address: _____

 Present Telephone No. (____) _____ - _____ Email Address: _____
 Social Security # (*voluntary*) _____ NYS Teacher Retirement # _____
 U. S. Citizen: _____ YES _____ NO

Certification

Title of Certification	State	Certificate Number	Type - Provisional or Permanent	Effective Date - From - To

If you do not hold a New York State Certificate, have you applied for certification? _____ When? _____
 Have you taken the NTE Core Battery Tests? ____ YES ____ NO Passed? ____ YES ____ NO
 If you haven't taken the NTE Core Battery Tests, when do you intend to take them? _____

Education

(Please attach additional information if necessary.)

Name of School	Degree/Diploma	Major (Area)	Minor (Area)
High School	YES (____) NO (____)	N/A	N/A
Undergraduate College/University			
Graduate College/University			

Teaching Experience
(Present to Past Positions)

Please indicate student or practice teaching by an (*) and attach additional information if necessary.

Name/Address/Telephone of School	Grade/Subject	Dates Employed From - To	Total Experience Years Months

Administrative Experience
(Present to Past Positions)

Please attach additional information if necessary.

Name/Address/Telephone of Employer	Position Held	Dates Employed From - To	Total Experience Years Months

References

Name	Complete Address/Telephone Number(s)	Title or Occupation
1)		
2)		
3)		
4)		
5)		

Additional Information

Please list special activities, research, honors or awards:

Do you have an interest in additional assignments such as club supervisor, coaching, or class advisor, etc.? YES NO

If yes, specify areas of interest: _____

Can you visit A-P-W for an interview? YES NO When? _____

Alternate Dates and Time: _____

When will you be available to begin work at A-P-W? _____

Have you been granted tenure in another district? YES NO When? _____

If yes, please explain: _____

Qualifications for a Professional Position

Please briefly explain in your own handwriting, on a separate piece of paper, the qualifications you think are necessary to succeed in the position for which you are applying. Show specifically how your strengths, experiences and expertise exemplify each trait you consider important.

Have you been convicted of a violation of law? *YES NO. (Omit parking or speeding violations assigned a fine of \$50 or less and any offense adjudicated in Juvenile Court or under a youthful offender law.) Convictions will not necessarily disqualify you from employment.

***IF YES, YOU MUST ATTACH A LIST OF VIOLATIONS WITH DATES AND PENALTIES ON A SEPARATE SHEET OF PAPER.**

Have you ever been discharged from employment for other than lack of work or funds? *YES NO

***IF YES, YOU MUST ATTACH AN EXPLANATION OF EACH DISCHARGE ON A SEPARATE SHEET OF PAPER.**

Under the penalties of perjury, I declare and affirm that the statements made in the foregoing application are true, complete and correct. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS MADE BY ME WILL BE CONSIDERED JUSTIFICATION FOR DISQUALIFICATION OF MY APPLICATION OR TERMINATION OF MY EMPLOYMENT.

Date

Signature of Candidate