

**Plattsburgh
City School
District**

49 Broad Street
Plattsburgh, NY 12901-3396
518-957-6000 (office)
518-561-6605 (fax)
www.plattscsd.org

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status, sexual orientation or other protected class per law.

Application for Administrative Position

Forward completed application form, letter of application, resumé, official transcripts (sealed envelope), certification, three (prefer five) recent letters of reference and/or placement credential to:

Mr. James M. Short
Superintendent of Schools
Plattsburgh City School District
49 Broad Street
Plattsburgh, New York 12901-3396

PERSONAL INFORMATION

NAME _____
last first middle

SOCIAL SECURITY NUMBER _____ - _____ - _____

Present Employer _____ Title _____

Building Enrollment _____ District Enrollment _____

Current Salary _____

Present Home Mailing Address

Present Business Mailing Address

Street _____

Street _____

City, State, Zip _____

City, State, Zip _____

Telephone Number _____

Telephone Number _____

CERTIFICATION (List and enclose copies of all certifications.)

STATE	DATE ISSUED	DATE EXPIRES	TITLE OF CERTIFICATE	CERTIFICATE NUMBER

PROFESSIONAL PREPARATION

UNDERGRADUATE INSTITUTION	CITY/STATE	MAJOR/MINOR

GRADUATE INSTITUTION	CITY/STATE	MAJOR/MINOR	DEGREE/CREDITS

SCHOLASTIC HONORS _____

PROFESSIONAL MEMBERSHIPS _____

EMPLOYMENT HISTORY

List most recent experience first.

DATES	NAME & LOCATION OF DISTRICT/ORGANIZATION	TITLE	ENROLLMENT/ # OF EMPLOYEES

ACCOMPLISHMENTS / INNOVATIONS

REFERENCES

Please list the names of five persons who know of your recent professional work and qualifications.

Name	Official Position	Address City, State, Zip	Office Phone (area code)	Home Phone (area code)

GENERAL INFORMATION

NYS Teachers' Retirement System Member? ___ Yes ___ No If yes, indicate number _____

Have you ever been dismissed from a position? ___ Yes ___ No If yes, please explain _____

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

Are you a U.S. citizen? ___ Yes ___ No

Have you ever received TENURE in any school district or board of cooperative educational services (BOCES) anywhere in New York State? ___ No ___ Yes, name of school district or BOCES _____; Date of Tenure _____

Briefly describe in the space below the professional/personal skills you possess that will benefit the Plattsburgh City School District.

I understand that the Plattsburgh City School District will be making an extensive inquiry regarding my background and experience, and I hereby release from 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 further understand that all information gathered by you regarding my application will be the property of the Plattsburgh City School District and will not be released to me unless required by federal or state statues or regulations.

I hereby acknowledge the above statement and affirm that the facts set forth on this application are true.

Signature _____ **Date** _____