## INSTRUCTIONAL PERSONNEL OFFICE, JOHNSON CITY CENTRAL SCHOOL DISTRICT 666 REYNOLDS ROAD

**JOHNSON CITY, NY 13790** 

## www.jcschools.com, (607) 930-1110 APPLICATION FOR ADMINISTRATIVE POSITION

POSITION FOR WHICH YO	OU ARE APPLYING:								
PERSONAL INFORMATION	<u>N</u>		E-Mai	l Address					
Name				Other Last Nam	۵2				
Last	First		Middle Initial	Other Last Nam					
Perm Address									
Perm. AddressStreet		City				State		Zip	
Cell No	Home No	Home No Social Security No							
PRESENT POSITION									
Position Title			Organization	n/ District					
Business Address – Street	:/ City/ State/ Zip								
Business Telephone(s) Length of Time in Position									
Number of People Report	ing to You								
Number of Students			_ School Distric	t Annual Budget					
CERTIFICATION INFORMA	ATION								
Certificate Title (Specific Area/ Grades if Applicable)		Indicate Initial/ Professional/ Provisional/ Permanent/ Pending			Date	s Issued	Expiration Date if Applicable	Issuing State	
PROFESSIONAL EDUCATION	ON								
College Name Street/City/State		/in		Degree Received and Date Granted		Major and Minor		Credits Earned	
-			(from-to)	Date Grante	<u> </u>			Larrieu	

## **EMPLOYMENT RECORD** Position or Subject and Dates of **Number of Full** Public/ Private/ Name and Address of School/ District Size Years (Full Time) **Higher Education? Grades Taught Position PROFESSIONAL REFERENCES** Department heads, coordinators, principals, superintendents, managers, etc., under whom you have worked or taught; list most recent first. Reference 1 Reference 2 Reference 3 Name of Reference **Position of Reference** Name and Address of **Company or School/ District Dates of Employment with this** Reference Do you currently work with this reference? **Telephone Numbers of** Reference (list work, home, include summer number) If you did not list a current supervisor, please explain why: ADDITIONAL COMMENTS: PLEASE ATTACH résumé, copies of transcripts, and any additional information which will assist us in our evaluation. Please have credentials file(s) sent or three+ letters of recommendation with original signatures. **ADDITIONAL INFORMATION** □Yes □No Are you a member of the New York State Teachers' Retirement System? Retirement Number \_\_\_\_\_\_ ☐Yes ☐No Are you a member of any other public pension plan? Retirement Number or Public Pension Program \_\_\_\_\_\_

□Yes □No Have you been granted tenure in a NY state public school? If yes, school district and date \_\_\_\_\_

□Yes □No Were your services ever terminated due to unsatisfactory or unprofessional activity? If yes, please explain \_\_\_\_

□Yes □No Have you been denied an appointment to tenure? If yes, school district and date \_\_\_

## **DECLARATION**

"After a conditional offer of employment, I understand that a post-offer medical examination, BACKGROUND CHECK, FINGERPRINTING,
and drug screen may need to be passed to the satisfaction of the Johnson City Central School District before starting work. I authorize
investigation of any information provided on this application, or furnished elsewhere, as may be necessary in arriving at an employment decision. I
hold harmless any school district or other employer, or individual furnishing information regarding my employment or personal background that
may be used in connection with this application for employment. I understand that any misrepresentation or omission is cause for voiding this
application or termination of employment if hired."
"I declare the above information is correct to the best of my knowledge."
may be used in connection with this application for employment. I understand that any misrepresentation or omission is cause for voiding this