

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 YOU ARE APPLYING: _____

PERSONAL INFORMATION

E-Mail Address _____

Name _____ Other Last Name? _____
 Last First Middle Initial Other Surname by Which Known

Perm. Address _____
 Street City State Zip

Cell No. _____ Home No. _____ Social Security No. _____

PRESENT POSITION

Position Title _____ Organization/ District _____

Business Address – Street/ City/ State/ Zip _____

Business Telephone(s) _____ Length of Time in Position _____

Number of People Reporting to You _____

Number of Students _____ School District Annual Budget _____

CERTIFICATION INFORMATION

Certificate Title (Specific Area/ Grades if Applicable)	Indicate Initial/ Professional/ Provisional/ Permanent/ Pending	Date Issued	Expiration Date if Applicable	Issuing State

PROFESSIONAL EDUCATION

College Name	Street/City/State/Zip	Dates Attended (from-to)	Degree Received and Date Granted	Major and Minor	Credits Earned

EMPLOYMENT RECORD

Name and Address of School/ District	Size	Position or Subject and Grades Taught	Dates of Position	Number of Full Years (Full Time)	Public/ Private/ Higher Education?

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 Have you been denied an appointment to tenure? If yes, school district and date _____
 - Yes No Were your services ever terminated due to unsatisfactory or unprofessional activity? If yes, please explain _____
- _____

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.”

Signature _____

Date _____