

SENECA FALLS CENTRAL SCHOOL

PO Box 268, 98 Clinton Street

Seneca Falls, NY 13148

Website: www.senecafallscsd.org

ADMINISTRATOR APPLICATION

Date: _____

Full Name: _____ Social Security Number: ____/____/____

Present Address: _____ Home Phone: _____
Street

_____ Cell Phone: _____
City State Zip Code

E-mail: _____

Education:

Secondary School:

_____ *Dates of Attendance* *Degree*

Undergraduate/Graduate College or University:

1. _____ *Dates of Attendance* *Degree*

2. _____ *Dates of Attendance* *Degree*

3. _____ *Dates of Attendance* *Degree*

4. _____ *Dates of Attendance* *Degree*

List Certification(s): Please provide the District Office with a copy certification.

Type of Certification: _____ Date Granted: ____/____/____ No. _____

Type of Certification: _____ Date Granted: ____/____/____ No. _____

Type of Certification: _____ Date Granted: ____/____/____ No. _____

Type of Certification: _____ Date Granted: ____/____/____ No. _____

Professional/Work Experience: List all present and former school districts beginning with the most recent; use additional sheet if necessary. The District reserves the right to contact the current or former districts listed.

_____ Name of Present or Last employer

_____ Address: _____ City _____ State _____

_____ Start date _____ End Date _____ Reason for Leaving _____

_____ Job Title _____ Description of Duties _____

_____ Name of Supervisor: _____ Phone Number/Contact: _____

Name of Employer:

Address:

City

State

Start date

End Date

Reason for Leaving

Job Title

Description of Duties

Name of Supervisor:

Phone Number/Contact:

Name of Employer:

Address:

City

State

Start date

End Date

Reason for Leaving

Job Title

Name of Supervisor:

Phone Number/Contact

Name of Employer:

Address:

City

State

Start date

End Date

Reason for Leaving

Job Title

Name of Supervisor:

Phone Number/Contact

Name of Employer:

Address:

City

State

Start date

End Date

Reason for Leaving

Job Title

Name of Supervisor:

Phone Number/Contact

Three Personal References: References should not be related to you either by blood or marriage. Please note: We need complete information including names addresses including street numbers and/or post office box numbers, zip codes and phones numbers. Failure to provide requested information will result in the application being rejected. The District reserves the right to contact the references listed.

Name:	Address	Phone Number	# of Yrs. Acquainted
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1. _____
2. _____
3. _____

Applicant's Statement: What specific traits and characteristics do you possess that will contribute to your success in this position?

What do you find professionally or personally appealing that drew you to the Seneca Falls Central School District?

Please supply the following:

- Letter of application/cover letter
- A completed, updated resume
- Copies of necessary credentials, including CQ or certificates, letters of recommendation
- Placement folder

Return this application and all other paperwork to:

Jeramy Clingerman, Superintendent
Seneca Falls Central School District
PO Box 268, 98 Clinton Street
Seneca Falls, NY 13148

I hereby certify that the facts on this employment application (including any attached papers) are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application will be considered grounds for dismissal. I have no objections to necessary inquiry regarding my character and qualifications.

Signature:

Date:

Law prohibits employment discrimination because of race, color, religion, national origin, sex, age, or mental/physical disability. Positions of employment are subject to all applicable Laws, Regulations of the Commissioner of Education, Civil Service Regulations, Board of Education Resolutions/Policies, Administrative Regulations, and Contracts of Agreements.

Updated form: 01/21/2020