

**SARANAC CENTRAL SCHOOL DISTRICT**  
**SARANAC, NY 12981**



**ADMINISTRATOR APPLICATION**

It is the policy of the Saranac Central School District Board of Education not to discriminate based on sex, race, color, national origin, or handicap in the education programs or activities in which it operates. Furthermore, the Saranac Central School District Board of Education is required by Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation act of 1973 respectively not to discriminate in such a manner. Inquiries concerning this policy may be referred to the following school official:

Name: **Javier Perez**

Address:

**District Office**

**Saranac Central School District**

Telephone Number: **518-565-5600**

**P.O. Box 8**

**Saranac, New York 12981**

This official will provide information, including complaint procedures, to any student or employee who feels that her or his rights under Title IX and/or Section 504 may have been violated by the District or its officials.

**NOTICE:**      **Applicants will be kept on file for one year from the date of application. If you desire to keep your application on file beyond that date, please notify the School District in writing or submit a new application.**

# SARANAC CENTRAL SCHOOL DISTRICT TEACHING APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_  
                     First                    Middle                    Last                    Maiden

APPLICATION FOR TEACHER OF: \_\_\_\_\_

ARE YOU INTERESTED IN SUBSTITUTE WORK?      YES \_\_\_\_\_      NO \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code

PERMANENT ADDRESS: \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code

TELEPHONE NUMBERS: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

If you are a member of the New York State Retirement System, please give your;  
 RETIREMENT #: \_\_\_\_\_

**CERTIFICATION:** (Please include a copy of the certification with the application)

<u>TYPE OF CERTIFICATION:</u>	<u>ISSUING DATE:</u>	<u>GRADE VALIDITY:</u>	<u>NUMBER:</u>	<u>STATE:</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PROFESSIONAL EXPERIENCES:** (Teachers with less than two years experience, include practicing teaching assignments)

<u>DATES:</u>	<u>SCHOOL &amp; ADDRESS:</u>	<u>SUBJECT MATTER:</u>	<u>YEARS:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION:**

<u>DATES:</u>	<u>SCHOOL &amp; ADDRESS:</u>	<u>DIPLOMA / DEGREES:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SERVICE:**

DATES:

BRANCH:

TYPE OF DISCHARGE:

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL ORGANIZATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

B. WAS AN INVESTIGATION CONDUCTED OR PENDING AT TIME OF SEPARATION FROM PRIOR EMPLOYMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

C. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL FELONY OR MISDEMEANOR?

\_\_\_\_\_ YES \_\_\_\_\_ NO. IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

D.. N.Y.S. EDUCATION LAW REQUIRES FINGERPRINTING AND CLEARANCE FOR EMPLOYMENT.

1. HAVE YOU SUBMITTED FINGERPRINTS TO THE STATE EDUCATION DEPARTMENT FOR CLEARANCE?

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. HAVE YOU RECEIVED CLEARANCE FOR EMPLOYMENT FROM THE STATE EDUCATION DEPARTMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

**REFERENCES:**

NAME:

POSITION:

ADDRESS:

HOME #:

WORK #:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY ADDITIONAL STATEMENTS CONCERNING YOUR APPLICATION MAY BE MADE ON A SEPARATE SHEET.

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**CANDIDATE'S AFFIDAVIT**

***I certify that the information given in this application is correct. I understand that making a false statement on this application or withholding information pertinent to my candidacy, constitutes grounds for dismissal.***

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_