



FRONTIER CENTRAL SCHOOL DISTRICT

5120 ORCHARD AVENUE
HAMBURG, NEW YORK 14075-5657

APPLICATION FOR ADMINISTRATIVE POSITION

(This application will remain active for one year from the date of receipt by the District.)

Position for which you are applying _____

PERSONAL INFORMATION

Name _____
Last *First* *Middle*

Please list any other name(s) by which you may have been known in the past if such names are relevant to pre-employment requests for information by the District.

Current Address _____ Telephone _____
Street

_____ *City* *State* *Zip*

Permanent Address _____ Telephone _____
Street

_____ *City* *State* *Zip*

Social Security Number _____

As an EQUAL OPPORTUNITY EMPLOYER the Frontier Central School District does not discriminate on the basis of race, gender, sexual orientation, religion, national origin, age, marital status, or disability.

ADDITIONAL PERSONAL INFORMATION

- Are you a citizen of the U.S.A.? Yes No
If *no*, are you legally authorized to remain and work in the U.S.A.? _____

- Have you ever served in the United States Armed Forces? Yes No
If *yes*, did you receive a discharge from the Armed Forces of the United States, which was other than "honorable"? Yes No
If *yes*, please explain on a separate sheet. A dishonorable discharge is not an absolute bar to employment; other factors will affect the final decision.

- Have you ever been convicted of any crime (felony or misdemeanor other than minor traffic violations)? Yes No
If *yes*, please explain on a separate sheet.

- Do you currently have any criminal charges pending against you? Yes No
If *yes*, please explain on a separate sheet.

- Have you ever been the subject of a report for child abuse, maltreatment, or neglect? Yes No
If *yes*, please explain on a separate sheet.

- Have you ever used illegal drugs? Yes No

- List any persons currently serving or working for the District who know you. _____

- Have you ever been dismissed, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct? Yes No
If *yes*, please explain on a separate sheet.

- Are you a member of the New York State Teachers' Retirement System? Yes No
If *yes*, your NYSTRS membership number is _____ and your date of membership is _____.

- Have you ever received tenure in any New York State public school district or BOCES? Yes No
If *yes*, please indicate the name and address of the district/BOCES, the tenure area, and the date tenure was conferred. _____

- Have you ever had your teaching certificate suspended or revoked? Yes No
If *yes*, please explain on separate sheet.

- Have you ever had an application for teaching certification in New York or any other jurisdiction denied? Yes No

- Have you ever had a teaching certificate issued in New York or any other jurisdiction revoked, suspended, annulled, or otherwise invalidated? Yes No

- Have disciplinary proceedings ever been initiated against you pursuant to New York State Education Law Section 3020-a or the disciplinary provisions of any other jurisdiction? Yes No

- Date by which you will be available for employment _____
- Date by which you will be available for an interview _____

EDUCATIONAL AND PROFESSIONAL PREPARATION

High School	Major/Minor		Diploma/Date
Name _____			
Address _____			
Collegel/University (Undergraduate)	Major	Minor	Degree/Conferral Date
Name _____			
Address _____			
Name _____			
Address _____			
Collegel/University (Graduate)	Major	Minor	Degree/Conferral Date
Name _____			
Address _____			
Name _____			
Address _____			

Special Training _____

INTERNSHIP(S)

List most recent experience first.

Supervising School District	Supervising Administrator(s) and Title(s)	
Address	Assignment(s)	Date(s)
Phone Number		From:
		To:
Supervising School District	Supervising Administrator(s) and Title(s)	
Address	Assignment(s)	Date(s)
Phone Number		From:
		To:

EMPLOYMENT HISTORY

List most recent employment first.

Employer's Name & Address	Immediate Supervisor's Name & Title	Employed				Reason For Leaving
		From		To		
		Mo.	Yr.	Mo.	Yr.	
	Phone					

Title of Position and Responsibilities:

Employer's Name & Address	Immediate Supervisor's Name & Title	Employed				Reason For Leaving
		From		To		
		Mo.	Yr.	Mo.	Yr.	
	Phone					

Title of Position and Responsibilities:

Employer's Name & Address	Immediate Supervisor's Name & Title	Employed				Reason For Leaving
		From		To		
		Mo.	Yr.	Mo.	Yr.	
	Phone					

Title of Position and Responsibilities:

CERTIFICATION

Please list all fields in which you possess current and valid New York State Teaching/Administrative Certification

Area	Expiration Date	Provisional	Permanent
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

• If you do not have NYS Certification, have you made application for one? Yes No

• If certified in another state, please indicate which state. _____

ACTIVITIES AND HONORS

Please list organizations to which you belong and consider relevant to your ability to perform in the position for which you are applying.

College _____

Community _____

Other _____

EVIDENCE OF PROFESSIONAL GROWTH

Please use this space to indicate membership and leadership in professional organizations, educational travel, summer sessions and/or extension courses, articles, books, or other publications, participation in school or community activities, staff development, committees, special honors, professional fraternities, thesis title, etc.

REFERENCES

Give the names of three individuals who have closely observed your work in the position for which you are applying.

Reference 1

Name	
Title	
Address	
Phone	

Reference 2

Name	
Title	
Address	
Phone	

Reference 3

Name	
Title	
Address	
Phone	

Occasionally the form of an application blank makes it difficult for an applicant to adequately summarize his/her complete background. To assist us, use the space below to summarize any additional information necessary to describe your full qualifications.

MISSION STATEMENT

*The mission of the Frontier Central School District
is to inspire each student to exhibit integrity as a
self-directed life-long learner,
achieving personal goals while responsibly contributing to
an ever-changing world.*

CORE VALUES

This is what we believe about people and the world:

- ★ All people can make a contribution.
- ★ Everyone has value.
- ★ Higher expectations result in higher achievement.
- ★ People are empowered by taking responsibility for their choices.
- ★ A family, in all its forms, is the foundation for the development of an individual.
- ★ Life-long learning improves the quality of life.
- ★ There is no growth without change.
- ★ Powerful learning results from direct experience.
- ★ Understanding diversity is essential to understanding our world.

APPLICANT CONSENT TO INVESTIGATE AND DISCLOSE DATA

I, _____ (print name), hereby grant permission to the Frontier Central School District to contact and investigate my former and current employers, and all other pertinent parties, including, but not limited to, educational institutions that I attended, in order to fully investigate my background.

My signature below authorizes the District to conduct a background investigation and authorizes the release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving record, previous employers, educational institutions, personal references, professional information, and without limitations hereby releases the District and the reference source from any liability in connection with its release or use.

All appointments are tentative and contingent upon fingerprint clearance from the New York State Education Department.

Signature of Applicant

Date