

**Plattsburgh  
City School  
District**

49 Broad Street  
Plattsburgh, NY 12901-3396  
518-957-6000 (office)  
518-561-6605 (fax)  
www.plattscsd.org

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status, sexual orientation or other protected class per law.*

**Application for Administrative Position**

Forward completed application form, letter of application, resumé, official transcripts (sealed envelope), certification, three (prefer five) recent letters of reference and/or placement credential to:

Mr. Jay Lebrun  
Superintendent of Schools  
Plattsburgh City School District  
49 Broad Street  
Plattsburgh, New York 12901-3396

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
last first middle

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Employer \_\_\_\_\_ Title \_\_\_\_\_

Building Enrollment \_\_\_\_\_ District Enrollment \_\_\_\_\_

Current Salary \_\_\_\_\_

**Present Home Mailing Address**

**Present Business Mailing Address**

Street \_\_\_\_\_

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

**CERTIFICATION (List and enclose copies of all certifications.)**

STATE	DATE ISSUED	DATE EXPIRES	TITLE OF CERTIFICATE	CERTIFICATE NUMBER

**PROFESSIONAL PREPARATION**

UNDERGRADUATE INSTITUTION	CITY/STATE	MAJOR/MINOR

GRADUATE INSTITUTION	CITY/STATE	MAJOR/MINOR	DEGREE/CREDITS

SCHOLASTIC HONORS \_\_\_\_\_

PROFESSIONAL MEMBERSHIPS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

*List most recent experience first.*

DATES	NAME & LOCATION OF DISTRICT/ORGANIZATION	TITLE	ENROLLMENT/ # OF EMPLOYEES

**ACCOMPLISHMENTS / INNOVATIONS**

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**REFERENCES**

Please list the names of five persons who know of your recent professional work and qualifications.

<b>Name</b>	<b>Official Position</b>	<b>Address City, State, Zip</b>	<b>Office Phone (area code)</b>	<b>Home Phone (area code)</b>
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**GENERAL INFORMATION**

NYS Teachers' Retirement System Member?  Yes  No If yes, indicate number \_\_\_\_\_

Have you ever been dismissed from a position?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. citizen?  Yes  No

Have you ever received TENURE in any school district or board of cooperative educational services (BOCES) anywhere in New York State?  No  Yes, name of school district or BOCES \_\_\_\_\_; Date of Tenure \_\_\_\_\_

**Briefly describe in the space below the professional/personal skills you possess that will benefit the Plattsburgh City School District.**

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*I understand that the Plattsburgh City School District will be making an extensive inquiry regarding my background and experience, and I hereby release from liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. I further understand that all information gathered by you regarding my application will be the property of the Plattsburgh City School District and will not be released to me unless required by federal or state statutes or regulations.*

*I hereby acknowledge the above statement and affirm that the facts set forth on this application are true.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_