



Office Use  
Only\_\_\_\_\_

APPLICATION FOR ELEMENTARY PRINCIPAL

EDWARDS-KNOX CENTRAL SCHOOL

P.O. Box 630

Russell, New York 13684

(315)562-8326 - Superintendent's Office

(315)562-3227 - High School Principal's Office

(315)562-3284 - Elementary Principal's Office

Date \_\_\_\_\_

1. Name \_\_\_\_\_  
(Last) (First) (Middle)

2. Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Telephone: \_\_\_\_\_ Message \_\_\_\_\_

4. U.S. Citizen \_\_\_\_\_ Social Security Number \_\_\_\_\_

5. New York State Certification:

Provisional:

Date

Title

Expiration

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent:

Date

Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are you a member of the N.Y. State Retirement System? Yes \_\_\_\_\_ No \_\_\_\_\_  
Retirement System # \_\_\_\_\_

7. UNDERGRADUATE ACADEMIC PROGRAM. Please list all secondary schools, colleges, and universities attended as an undergraduate.

| School or College | Location | Dates Attended |    | Degree<br>If Any |
|-------------------|----------|----------------|----|------------------|
|                   |          | From           | To |                  |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List undergraduate honors received \_\_\_\_\_

Please list your undergraduate college extracurricular activities: \_\_\_\_\_

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

8. GRADUATE ACADEMIC PROGRAM. Please list all universities attended as a graduate student.

| University | Location | Dates Attended |    | Degree<br>If Any |
|------------|----------|----------------|----|------------------|
|            |          | From           | To |                  |

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

List your graduate major and minor fields: Major \_\_\_\_\_ Minor \_\_\_\_\_

Graduate honors received \_\_\_\_\_

Describe your plans for continuing your education and/or furthering your preparation in the field of administration. \_\_\_\_\_

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

9. Have you ever been convicted of a crime? \_\_\_\_\_

If yes, describe in full. \_\_\_\_\_

\_\_\_\_\_

10. Have you been a member of the Armed Forces of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch \_\_\_\_\_ Dates of service: \_\_\_\_\_

11. RECORD OF EMPLOYMENT. Please give names of employers, addresses, telephone numbers, dates of employment, and title or position while you were there. Please list most recent position first. Do not include part time or summer employment unless you consider it significant. It is important that this record of employment account for all substantial periods of time.

| Position | Dates of<br>Employment | Employer | Telephone<br>Number | Employer's<br>Address |
|----------|------------------------|----------|---------------------|-----------------------|
|----------|------------------------|----------|---------------------|-----------------------|

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

12. On an attached sheet, please give a candid description of yourself, stressing those personal qualities, assets, and abilities which you feel characterize your work in your present position. This will also apply if you are currently a student. Please describe any experiences which you feel have significantly contributed to your abilities for the position you are seeking and any matter, other than the items of information already requested, which you believe will be of significant value to us.
13. Please list any personal or professional characteristics and features about you, not already included on this application, that you feel are important and that represent you beneficially on this application. \_\_\_\_\_

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14. REFERENCES. Please list below the names, addresses and telephone numbers of three people (not relatives) whom we may contact regarding your abilities and your work. Also, please attach to this application two sealed letters of recommendation from two other references not listed below, if these are not provided in your placement folder.

| Name  | Address | Telephone Number | Nature of Association |
|-------|---------|------------------|-----------------------|
| <hr/> |         |                  |                       |
| <hr/> |         |                  |                       |
| <hr/> |         |                  |                       |

15. INFORMATION FOR THE APPLICANT:  
 YOUR APPLICATION: We appreciate the time and interest you have taken making this application to Edwards-Knox Central School. If you have other questions concerning employment in Edwards-Knox Central School or the community itself, we will make every effort to answer them for you.

MINIMUM PREPARATION: A Bachelor's Degree and New York State Teaching Certification are required for securing employment as a teacher at Edwards-Knox Central School.

CERTIFICATION: The individual teacher assumes the responsibility for obtaining and renewing certificates. Certificates must be registered by the teacher with the Superintendent of Schools when the teacher is appointed to a position. Information on the requirements for certification and application forms may be obtained from the Superintendent of Schools or the District Superintendent.

16. Edwards-Knox Central School is an Equal Opportunity Employer.

17. Dr. William U. Cartwright is the Compliance Officer for Title IX. Any inquiries regarding compliance with Title IX should be directed to the Compliance Officer, Edwards-Knox Central School, P.O. Box 630, Russell, New York 13684 (315-562-8326), or through the Director of the Office of Civil Rights, Department of Health, Education and Welfare, Washington, D.C.
18. I understand, should I be hired by the Edwards-Knox Central School District either on a permanent or substitute basis, that I will be informed of my rights to join the New York State Retirement System.
19. I authorize the Edwards-Knox Central School District to investigate all statements in this application and to secure all appropriate information from all my employers, references, academic institutions and from governmental departments and agencies. I do hereby authorize such employers, references, academic institutions and governmental departments and agencies to release such information and I do hereby release all of those employers, references, academic institutions and the Edwards-Knox Central School District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications and my suitability for employment with the Edwards-Knox Central School District.

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Date

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Signature

**Please have your Placement/Credential Files forwarded to the school prior to the application deadline.**

**This completed application will be kept on file for one year from the date of the application.**