

Ticonderoga Central School District  
5 Calkins Place  
Ticonderoga, NY 12883

**Application for  
SUPERINTENDENT OF SCHOOLS  
Ticonderoga Central School District**

*The Ticonderoga Central School District is an equal opportunity/  
affirmative action employer*

**INSTRUCTIONS FOR APPLYING:** Please send a personal letter outlining your qualifications, along with this completed signed application form including a minimum of five current professional references; a current résumé; three current letters of recommendation, college transcripts, and copy of your NYS SDA or SDL certificate. Please forward to the following address no later than February 12, 2021.

**Dr. Mark C. Davey, District Superintendent  
Clinton-Essex-Warren-Washington BOCES  
P.O. Box 455  
Plattsburgh, NY 12901  
(518) 561-0100 x 211  
(518) 562-1471 fax**

Applicants are asked not to contact members of the Board of Education except as they may be requested to do so.

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
Last First Middle  
Other name(s) \_\_\_\_\_  
(Please provide any additional information regarding maiden name, change of name)

**HOME MAILING ADDRESS**

Street City/State/Zip code Telephone Number

**PRESENT POSITION**

Name of Institution/School District Job Title School District Enrollment

City/State/Zip code Business Number Current Salary

Annual Budget Personnel Responsible to You No. of Teachers/Others

Are you a U.S. citizen or eligible to work in the U.S.? Yes  No

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

**CERTIFICATION (List All Certificates)**

<b>TITLE OF CERTIFICATE</b>	<b>CERTIFICATE NUMBER</b>	<b>VALID IN STATE OF</b>	<b>DATE ISSUED</b>	<b>DATE EXPIRES</b>

**PROFESSIONAL PREPARATION**

**Undergraduate**

<b>INSTITUTION</b>	<b>LOCATION</b>	<b>DATES</b>	<b>NATURE OF STUDIES Major/Minor</b>	<b>DIPLOMA/DEGREE</b>	<b>DATE GRANTED</b>

**Graduate**

<b>INSTITUTION</b>	<b>LOCATION</b>	<b>DATES</b>	<b>NATURE OF STUDIES Major/Minor</b>	<b>DIPLOMA/DEGREE</b>	<b>DATE GRANTED</b>

*Summarize graduate work beyond the highest earned or graduate work not leading to a degree*

<b>INSTITUTION</b>	<b>LOCATION</b>	<b>DATES</b>	<b>INDICATE MAJOR CONCENTRATIONS</b>	<b>CREDITS</b>	<b>ADDITIONAL INFORMATION</b>

**SCHOLASTIC HONORS**

**PROFESSIONAL MEMBERSHIPS**

**RELATED PROFESSIONAL EXPERIENCE**

*(Educational travel, lectures, addresses, publications, organizational memberships, committee chairs or memberships, participation in educational experiments, innovations, special programs, elective positions held, community and social services, scouting, recreation etc.)*


## TENURE STATUS

Were you ever granted tenure in a public school district or board of cooperative educational services (BOCES) in New York State?      Yes       No

If yes, complete: Tenure Area \_\_\_\_\_ Effective Date \_\_\_\_\_  
 Name and Address of School District Where Tenure was Granted \_\_\_\_\_  
 \_\_\_\_\_

**If you answer yes to any of the following four questions, please give specifics on a separate sheet:**

1. Have you ever received a penalty pursuant to Education Law §3020-a or Civil Service Law §75?      Yes       No
2. Have you ever had your certificate revoked?      Yes       No
3. Have you ever received a censure and/or reprimand based on action of the Board of Regents?      Yes       No
4. Have you ever had a contract not renewed?      Yes       No

### WORK EXPERIENCE BASED ON CERTIFICATE/LICENSE

DATES EMPLOYED	EMPLOYER'S NAME AND ADDRESS	NATURE OF POSITION	REASON FOR LEAVING

### OTHER WORK EXPERIENCE

DATES EMPLOYED	EMPLOYER'S NAME AND ADDRESS	NATURE OF POSITION	REASON FOR LEAVING

### ADDITIONAL INFORMATION

Any additional information you feel would be helpful in the selection process.


