

P.O. Box 200 Conklin, New York 13748

Phone (607) 775-9146 Fax (607) 775-4575

Dear Certified Administrative Personnel Applicant:

Thank you for your inquiry regarding Certified Administrative Personnel opportunities within the Susquehanna Valley Central School District and/or your interest in a current vacant position.

In order to be considered for an interview for a posted/advertised position, the following documents must be received by my office on or before the deadline date for application:

- Letter of Interest
- Résumé
- Certified Administrative Personnel Application
- Copy of N.Y.S. Certification(s)
 - Printed from the NYSED TEACH website, if necessary
- Three Letters of Recommendation
- OFFICIAL College Transcripts

A Certified Administrative Personnel Application is included with this letter. Please send your application materials to the following address:

Dr. Catherine Kacyvenski, Assistant Superintendent Susquehanna Valley CSD P.O. Box 200 Conklin, NY 13748

You may hand-deliver your application to the **District Office**, which is located in the High School building, 1040 Conklin Road, Conklin, NY 13748.

<u>Please Note</u>: New York State law requires that all personnel hired must be fingerprinted for employment and processed through the Office of School Personnel Review and Accountability (OSPRA), NYS Education Department. If you have not obtained your fingerprint clearance as part of your certification requirement, this must be completed prior to your appointment to the Board. Fingerprinting information and instructions are included within this packet.

Thank you for your interest in becoming part of our school community!

Yours truly, Dr. Catherine Kacyvenski Assistant Superintendent

Attachment



SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT P.O. Box 200, Conklin, NY 13748 TEL (607) 775-9146 ~ FAX (607) 775-4575

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CERTIFIED ADMINISTRATIVE PERSONNEL APPLICATION

Please complete this application in its entirety, even though some of the information may be included on your resume.

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POSITION APPLYING FOR		
☐ Superintendent ☐ Secondar	y Principal	☐ Director of Special Services
☐ Assistant Superintendent ☐ Assistant	Secondary Principal	Other:
☐ Elementary Principal ☐ Director of	of Athletics / PE	
PERSONAL INFORMATION		
LAST NAME FIR	ST NAME MIDDLE	
	INITIAL	▼ Alternate Phone Number ▼
Social Security Number		
Email Address (please print clearly):		
PERMANENT ADDRESS	PRESENT	ADDRESS, if different than PERMANENT
Street::	Street:	
Apt. #:	Apt. # :	
City:	City:	
State, Zip:	State, Zip:	
FOR OFFICE USE ONLY		

CERTIFICATION NEW YORK STATE CERTIFICATION(S): YES □ NO Check all that apply: PROFESSIONAL PERMANENT I have received verification from the State Ed Dept. that I have met all requirements for certification, and that my certificate is forthcoming. Enclose copies of ALL certifications / or verification from the N.Y.S. Education Dept., that your certification is forthcoming. If **CERTIFICATION** status is **NO**, please explain: **EDUCATION** Diploma, Degree, or No. Name & Location of Institution Major Minor of Credit Hrs. Completed **High School:** College(s): **Graduate Studies:** Scholastic Honors: College **Graduate School** Check scholastic average of all college work: В Check scholastic average in major field:

EDUCATIONAL EXPERIENCE

List in chronological order from most recent position – all administrative, teaching, and other certified positions held:

DATES			NAME & LOCATION OF SCHOOL
From	То	Name ▶	
		Address >	
▼ Pos	ition▼	Describe ▶ Position	

DATES			NAME & LOCATION OF SCHOOL
From	То	Name ▶	
		Address >	
▼ Pos	ition▼	Describe > Position	

DATES			NAME & LOCATION OF SCHOOL
From	То	Name ▶	
		Address >	
▼ Position▼		Describe > Position	

DATES			NAME & LOCATION OF SCHOOL
From	То	Name ▶	
		Address >	
▼ Pos	▼ Position ▼		

RELATED PROFESSIONAL EXPERIENCE

OTHER WORK EXPERIENCE (Business, summer occupations):

DATES			EMPLOYER	
From	То	Name ▶		
		Address >		
▼ Position▼		_ Duties ▶	Duties >	
DA	TES		EMPLOYER	
From	То	Name ▶		
		Address ▶		
▼ Pos	ition▼	_ Duties ▶		
DA [*]	TES		EMPLOYER	
From	То	Name >		
		Address >		
▼ Pos	ition▼	Duties >	Duties >	
	cals and newsp		ve facilitated or coached: u read on a regular basis, as well as any books that you have read	
List any hobbies	s and/or other i	nterests:		

REFERENCES

List the names of four persons who have observed your work as a certified employee:

	- , ,	
Name	Address	
Official Position		
Educational Institution	Phone	
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Name	Address	
Official Position		
Educational Institution	Phone	
Г	<u> </u>	
Name	Address	
Official Position		
Educational Institution	Phone	
Г.,	A 1.1	
Name Official Position	Address	
Official Position	DI .	
Educational Institution	Phone	
PERSONAL STATEMENTS 1. Describe your educational philosophy. 2. What is your vision for this role?	d may be obtained:	
2. What is your vision for this role?		

3. In your estim	ation, what are the most critical challenges facing education today and how will we overcome them?
	I certify that all information provided on this application is true and complete.
Signature:	
	New York State Law prohibits discrimination due to age, color, disability, national origin, race, religion, or sex.
	~ An Equal Opportunity Employer ~

This application will not be valid without your signature and date.

7/12/2019 Susquehanna Valley CSD