Northern Adirondack Central School District
5574 State Route 11
Ellenburg Depot, NY, 12934

Application for
SUPERINTENDENT OF SCHOOLS
of the
Northern Adirondack Central School District

NCCS is an equal opportunity/affirmative action employer

INSTRUCTIONS FOR APPLYING: Please send a letter of intent, current resume and completed application, along with official college transcripts, three current letters of recommendation, a copy of NYS School District Administrator (SDA) or School District Leader (SDL/SBL) certificate. **Please forward to the following address no later than January 8, 2027.**

Dr. Mark Davey, District Superintendent
Champlain Valley Educational Services

P.O. Box 455
Plattsburgh, NY 12901

or emailed to Julie Jolicoeur - Confidential Secretary to the District Superintendent at jolicoeur_julie@cves.org

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

_____
Annual Budget Number of Direct Reports Number of Teachers/Staff

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 Certifi cates)

TITLE OF CERTIFICATE	CERTIFICATE NUMBER	VALID IN STATE OF	DATE ISSUED	DATE EXPIRES

PROFESSIONAL PREPARATION

Undergraduate

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

Graduate

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

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

INSTITUTION	LOCATION	DATES	INDICATE MAJOR CONCENTRATIONS	CREDITS	ADDITIONAL INFORMATION

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.

REFERENCES

List the names of five (5) persons who, during the past five (5) years, are knowledgeable as to your educational or other experiences.

NAME	TITLE	ADDRESS	TELEPHONE

Please respond briefly to the following questions:

1. Describe an initiative you implemented and the impact on teaching and learning that it had in your district.
2. Describe how you would effectively communicate to all members of the school community.
3. Outline an entry plan for priorities in months 1-3, 4-6, and 7-12 of this role.

INDEMNIFICATION

I hereby certify that the above information, together with any additional information furnished in conjunction with this application, is furnished for the purpose of gaining employment, and is true to the best of my knowledge and belief. I understand that such information shall be the basis of me being considered for employment, and that false statements may result in my application not being considered or my dismissal from future employment.

Authorization is hereby given to Northern Adirondack Central School District and their Search Consultant to obtain reference checks from any of the named sources in this application and the sources to release information if requested by Northern Adirondack Central School District or their Search Consultant.

I understand that the Search Consultant and/or school district will be making an extensive inquiry regarding my background and experience and I hereby release from any 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 understand that the information gathered, in part or whole, may be shared with members of the school district involved in the search process. I further understand that all information gathered by you regarding my application will be the property of the school district and will not be released to me unless required by federal or state statutes or regulations.

The Northern Adirondack Central School District, in compliance with Title IX of the Education Amendments of 1972 and Regulation 504 of the Rehabilitation Act 1973, does not discriminate on the basis of race, creed, color, gender, age, national origin, disability, gender identity or expression, genetic information or testing, veteran status, sexual orientation or other protected class per law.

Applicant's Signature Date

Willful misrepresentation of an actual fact may result in dismissal of an applicant hired or retained by the school district.

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