#### Please Print or TypePERSONAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name** |  | **First Name** |  | **Middle Name** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Address** |  | **Work/Mobile Telephone** |  |
| **Business City, State** |  | **Business Zip Code** |  |
|  |  |  |  |
| **Home Address** |  | **Telephone (home)** |  |
| **City, State** |  | **Zip Code** |  |
| **Present Position** |  |
| **School District Name** |  |

1. Complete this application form and send it along with a cover letter, your current resume, and a photocopy of your teaching certificate to:

Deb Stout, Director

Adirondack Teacher Center

Franklin Academy

42 Huskie Lane

Malone, NY 12953

2. Save this application on your computer and email it to AdirondackTC@gmail.com as an attachment (no signature necessary on the emailed copy).

# THE ADIRONDACK TEACHER CENTER

**MALONE, NEW YORK 12953**

**APPLICATION FOR**

DIRECTOR

**Certification:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of Certification** | **Certification Number** | **Effective or Anticipated Date** | **Type of Certification (Prov. or Permanent)** | **State** |
|  |  |  |  |  |
|  |  |  |  |  |

**Academic Preparation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution & Location** | **Major/Minor** | **Degree** | **Graduation Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Record of Employment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Employer** | **Inclusive Dates** | **Phone Number** |
|  |  |  |  |
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| --- |
| **Please describe any experiences you believe significantly contribute to your qualifications for the position of Director of the Adirondack Teacher Center.** |
|  |
| **Please describe your level of proficiency in office and educational technology. Please include some specific programs/platforms in which you feel you are particularly strong.** |
|  |
| **Please provide an overview of your experience with professional development in the field of education. If you have been a provider, please give a brief description of the types of PD you were responsible for. Please include any thoughts you might have on best practices or models for PD.**  |
|  |

**REFERENCES**

List the names of three persons who, during the past five years, are knowledgeable as to your educational or other professional experience.

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Phone Number** |  |
| **E-mail address** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Phone Number** |  |
| **E-mail address** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Phone Number** |  |
| **E-mail address** |  |

I hereby affirm that all information provided on this application and the accompanying documents is accurate.

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 Signature Date