

Foster - Glocester Regional School District
91 Anan Wade Road
North Scituate, RI 02857
Phone: (401) 710-7500 Opt 4

Administrator Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Date of Application	Position Applied For
Name (Last, First, Middle)	Mailing Address
Home Telephone Number	Email Address:
Cell Phone Number	Best Time to contact is:
Work Telephone Number	____:____ AM ____:____ PM ____ ANYTIME
May we contact you at work?	Are you legally authorized to work in the United States?
Date available for work ____/____/____	Are you currently employed? May we contact your present employer?

Have you been convicted of a felony? ____ Yes ____ No

Have you ever entered a plea of Nolo Contendre to a crime ? ____ Yes ____ No

A criminal record does not constitute an automatic bar to employment and will be considered as it relates to the job in question.

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? ____ Yes ____ No

Have you ever been disciplined, discharged, or asked to resign from a prior position? ____ Yes ____ No

Has your contract in a prior position ever been non-renewed? ____ Yes ____ No

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? ____ Yes ____ No

Have you ever had a professional license or certificate, suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? ____ Yes ____ No

Certification

Do you hold a RI State Certification?	<u>Are you highly qualified?</u>
Certification No. _____	
List all certifications held in RI:	
List all certifications held in other states:	

Position(s) Desired

Middle School	High School	Central Office / District
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Education NOT listed on Resume

	School Name and Address	Course/Major	Year of Graduation	Degree or Certificate Received
Graduate College				
Undergraduate College				
Other				

Administrative Experience NOT listed on Resume

Include only experience under regular contract. Do not include substitute administrative experience

CITY OR TOWN AND STATE	NAME OF SCHOOL or DISTRICT OFFICE	GRADE or SCHOOL LEVEL	DATES						
			FROM			TO			
			MO.	DAY	YR	MO.	DAY	YR	

Teaching Experience NOT listed on Resume

Include only experience under regular contract. Do not include substitute teaching experience

CITY OR TOWN AND STATE	NAME OF SCHOOL	SUBJECT OR GRADES TAUGHT	DATES						
			FROM			TO			
			MO.	DAY	YR	MO.	DAY	YR	

Relevant Employment Experience NOT listed on Resume

Start with your most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

REFERENCES

1.	
(Name)	(Phone #)
(Address)	(Email)
2.	
(Name)	(Phone #)
(Address)	(Email)
3.	
(Name)	(Phone #)
(Address)	(Email)
4.	
(Name)	(Phone #)
(Address)	(Email)

Your file will not be complete until we have received the following:

- **COMPLETED APPLICATION**
- **COPY OF RI CERTIFICATION**
- **RESUME**
- **THREE (3) CURRENT LETTERS OF REFERENCE**
- **ORIGINAL TRANSCRIPTS**



THIS AFFIRMATION MUST BE COMPLETED

I certify that there are no misrepresentations or falsifications of the above statements, answers to questions and all application materials submitted including my resume. I understand that should an investigation disclose such misrepresentations, falsifications and/or omissions, my application may be rejected and, should I be employed, my service may be terminated.

DATE

SIGNATURE

**FOSTER-GLOCESTER REGIONAL SCHOOL DISTRICT
\\CONFIDENTIAL REFERENCE REQUEST**

I grant permission for the release of any and all information, as requested by the Foster-Glocester School Department, for the purposes of employment verification and a BCI Check. I understand that this application is not, nor is it intended to be, a contract of employment and hereby release from all liability the employer and representatives, for seeking such information and all other persons or organizations for furnishing such information. A copy of this release should be deemed the equivalent of the original for all purposes, including, but not restricted to the confirmation of whether or not I have a criminal record.

Name

Social Security Number

Applicant's Signature

Date

For School Department Use

Date Received: _____

Person Receiving the Application: _____