



Bellefonte Area School District  
 318 North Allegheny Street  
 Bellefonte, PA 16823

**AN EQUAL OPPORTUNITY EMPLOYER**

FEDERAL, STATE AND LOCAL LAWS PROHIBIT DISCRIMINATION BECAUSE OF RACE, COLOR, SEX, AGE RELIGION, CREED, NATIONAL ORIGIN OR ANCESTRY

**Administration Application**

**To applicant:** We appreciate your interest in the Bellefonte Area School District and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and educational history will aid us in placing you in the position that best meets your qualifications. Send your completed application to the Superintendent's Office. It will be retained in our active files for consideration in the event an opening occurs for which your competencies and experience can be utilized. Each year it will be the applicant's responsibility to contact the personnel office to reactivate an application.

**Return to: Dr. James T. Masullo, Jr., Bellefonte Area School District, Bellefonte, PA 16823**

Name (Last, First, Middle)	Social Security Number - -	Date
Present Address (Street, city, state and zip code)		Telephone No.
Permanent Address (Street, city, state and zip code)		Telephone No.
<i>Person to call if we are unable to reach you:</i>		
Name (Last, First, Middle)		Telephone No.
Present Address (Street, city, state and zip code)		

<b>Position for which application is made:</b>			
Central Office	<input type="checkbox"/> Assistant Superintendent	<input type="checkbox"/> Director	
Specify Area of Interest	<input type="checkbox"/> Curriculum & Instruction	<input type="checkbox"/> Pupil Personnel Services	
	<input type="checkbox"/> Finance	<input type="checkbox"/> Special Education	
	<input type="checkbox"/> Personnel	<input type="checkbox"/> Federal Programs	
Elementary School	<input type="checkbox"/> Principal	<input type="checkbox"/> Asst. Principal	<input type="checkbox"/> Guidance Counselor
Middle School	<input type="checkbox"/> Principal	<input type="checkbox"/> Asst. Principal	<input type="checkbox"/> Guidance Counselor
High School	<input type="checkbox"/> Principal	<input type="checkbox"/> Asst. Principal	<input type="checkbox"/> Guidance Counselor
Other	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Other

<b>Certification held:</b>	
Do you have a Pennsylvania certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the number	
List areas of Administration Certification which appear on your teaching certificate:	
Date certificate was issued?	Date made permanent
If you have not completed the requirements for Administrative Certification, when do you expect to receive certification?	
If you do not hold a Pennsylvania certificate, in what state is your certificate valid?	

<b>Education Positions held:</b>			
School District	Dates Month/Year to Month/Year	Position	Name, Phone No. of your Supervisor, Principal and/or Superintendent
Total years teaching experience		Total years of Administrative experience	

Did you have a Supervised Administrative Internship or other related experience?		
Where?	Name of School?	School Enrollment?
College Supervisor of Administrative Internship or other related experience (Give name and address)		
School Supervisor (Give name and address)		

<b>Scholastic Preparation:</b>		
Name and Location of School	Dates	Degree, Diploma, certifications granted or credits to date
Elementary School		
High School		
College/University		
Graduate Work		
Other		
Are you currently working towards a degree?	Where?	What Degree?

**Services in U.S. Armed Forces:**

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date active duty started
Which service?	What branch of that service?	
Starting Rank	Date of Discharge	Rank of Discharge
Service experience that would help with your competencies as a teacher?		
Briefly, why do you wish to leave your present position?		
What is your present salary?		What salary do you expect?
Can you appear for a personal interview? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?
Indicate whether you are attaching a resume to this application: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other information regarding talents and/or experiences that would lend themselves to student or educational activities:		

Work experiences that helped develop competencies for working with children and adults:
---

**Educational References:** List three or more persons qualified to give information on your professional ability. (Include only school superintendents, principals, supervisors, supervising teachers, and college professors)

Name	Address	Position

Is there any additional information you feel you would like to add in regard to this application?

**Note: This application is not complete without a signature below. This signature certifies that to the best of knowledge and belief of the applicant, the information provided herein is complete and true.**

Date	Signed
------	--------

**Your placement and the registrar's offices should be contacted for a transcript and official credentials which should be sent to the address listed on the first page. This should include student teaching experiences. All applications must be complete with copies of college credentials, references, transcripts, certificates and resume before they will be processed for further consideration.**