

**LISBON BOARD OF EDUCATION  
 LISBON CENTRAL SCHOOL  
 15 NEWENT RD  
 LISBON, CT 06351**

**ADMINISTRATOR APPLICATION**

Superintendent \_\_\_\_\_ Principal \_\_\_\_\_ Special Education Director \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Professional Preparation:**

College/University	Degree and Major	Dates*

**Teaching Experience: (List most recent experience first)**

Location	Grade(s)	Subject(s)	Begin/End Dates	PT/FT

**Administrative Experience: (list most recent experience first.)**

Location	Grade(s)	Subject(s)	Begin/End Dates*

\* Information will be used for verification purposes only.

**Connecticut Teaching/Administrative Certifications:**

If you presently hold a Connecticut teaching/administrator certificate, a copy must be attached to the application. At the time of contract signing, you may be required to present the original copy for verification.

If you do not hold a Connecticut teaching/administrator certificate but have applied for one, you must attach a copy of the application for certification and all attachments you have made to the application and you must complete attachment # 1, 2, 3, 4.

Type (Initial, Provisional, Professional)	Endorsement Area	Issue Date	Expiration Date

**Honors and Recognition:**


**Extracurricular activities:**

Organization	Function	Date

**References:**

You must list immediate supervisors for each of the professional positions you have listed. Unless you specifically request us not to, we reserve the right to contact any or all references.

Name	Position	Address	Phone number

**Essay**

Please answer the following questions:

1. What do you feel is your most significant educational accomplishment?
2. How would you insure that Lisbon Central School's test scores continue to improve?

## CRIMINAL BACKGROUND CHECK

The Lisbon Board of Education has the responsibility to comply with Federal and State mandated regulations. We ask your cooperation in completing the following form to help us meet with requirements pursuant to Connecticut General Statute 54-56g.

1. Were you ever known by any other name? If yes, please list the name(s) below.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever been convicted of a felony or any other criminal offense, either within or outside the State of Connecticut?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, identify the approximate date, location and nature of each conviction on a separate sheet of paper and attach to this form.

3. Are any criminal charges currently pending against you either within or outside the State of Connecticut?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, identify the jurisdiction in which such charges are pending, the nature of the charges and an explanation on a separate sheet of paper and attach to this application.

4. Are you currently enrolled in a program of deferred adjunction (e.g., accelerated rehabilitation, pre-trial drug or alcohol education pursuant to Connecticut General Statute 54-56g)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, identify the jurisdiction in which such program is pending and an explanation of the nature of such program on a separate sheet of paper and attach to this form.

I understand that if I am employed by the Lisbon Board of Education, I will be required to submit to a state and national criminal history records check for a period of 90 days from my date of employment and I will be required to submit to fingerprinting, at my expense, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime which has not been disclosed to the Lisbon Board of Education, the Board may immediately terminate my contract of employment as a teacher in accordance with the provisions of Public Act No. 93-328.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies, and academic institutions to supply any information regarding my background to the Lisbon Public School System and to its agents and employees, and I hereby release all such former employers, law enforcement agencies, credit agencies and academic institutions, their agents and employees from any liability arising from the supplying and use of such information.

By: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
(Please Print Name)

**THE LISBON BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER.** It is the policy of the Lisbon Board of Education to recruit, select and employ the best qualified person on the basis of their merit and effectiveness without discrimination as to their natural origin, ancestry, race, color, sex, age, marital status, physical disability, or other applicable unlawful discriminatory standards.