

**Application for**  
**Superintendent of Schools**  
**Coxsackie-Athens Central School District**  
**Coxsackie, New York**

The following materials should be forwarded to the search consultant only, prior to the application deadline:

- A cover letter
- A complete, current resume
- A completed, signed application
- College transcripts and evidence of NYS certification
- Three current letters of recommendation

Mail to: Mr. James Frame, Consultant  
Frame Superintendent Search  
P.O. Box 119  
Himrod, New York 14842  
[jframe@stny.rr.com](mailto:jframe@stny.rr.com)

**Application deadline is January 9, 2026.**

**The Coxsackie-Athens Central School District does not discriminate in employment or in the educational programs and activities which it operates on the basis of age, sex, race, sexual orientation, national origin, color, religion, disability or on any other basis in violation of federal or state law.**

## Personal Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home address \_\_\_\_\_ Phone: Office \_\_\_\_\_

Home \_\_\_\_\_

Email address \_\_\_\_\_ Cell \_\_\_\_\_

Present employer \_\_\_\_\_

Business address \_\_\_\_\_

Present position \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Type of organization or school district \_\_\_\_\_

Personnel responsible to you: # Instructional \_\_\_\_\_ # Non-instructional \_\_\_\_\_ Enrollment \_\_\_\_\_

School district budget \$ \_\_\_\_\_

Name/title of immediate supervisor \_\_\_\_\_ Phone \_\_\_\_\_

List three professional references:

Name/title \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_

Name/title \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_

Name/title \_\_\_\_\_ Organization \_\_\_\_\_ Phone \_\_\_\_\_

## Personal Information (continued)

	Yes	No
A. Have you ever resigned from a position rather than face disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
B. Has any disciplinary action been brought against you which resulted in your being discharged from employment?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you ever served with the U.S. Military, including the Army, Navy, Air Force, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever been convicted of a criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you now under charges for any crime (felony or misdemeanor)?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any charges?	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you ever had a teaching credential revoked, suspended or annulled?	<input type="checkbox"/>	<input type="checkbox"/>
H. Have proceedings ever been initiated against you pursuant to New York State Education Law Section 3020a?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the personal information questions above, provide on a separate sheet the specifics or an explanation for the answer. If you elect not to provide specifics or if such an explanation is insufficient, a confidential investigation may be initiated. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

## Education/Certification

	Institution	Major/Minor	Degree
Undergraduate	_____	_____	_____
	_____	_____	_____
Graduate	_____	_____	_____
	_____	_____	_____

List all certificates you have earned in education (please enclose copies).

Title of Certification	State	Certification #	Currently Valid?
			Yes No
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

## Tenure

	Yes	No
Have you previously been granted tenure in New York State?	<input type="checkbox"/>	<input type="checkbox"/>
Name of School District	_____	
Tenure Area	_____	

# Employment

Please begin with your most current former employer (you do not need to include information on your present employer).

PLEASE NOTE: This section must be filled out completely. Do NOT state "See Attached."

	Employed From	Through
Employer		
Address	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Phone		
Job Title		
Supervisor		
Work performed		
Reason for leaving		

	Employed From	Through
Employer		
Address	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Phone		
Job Title		
Supervisor		
Work performed		
Reason for leaving		

	Employed From	Through
Employer		
Address	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Phone		
Job Title		
Supervisor		
Work performed		
Reason for leaving		

*If you need additional space, please continue on a separate sheet of paper.*

## Additional Information

Please respond to the following as thoroughly and specifically as possible. If additional space is needed, please attach as a separate document.

1. Identify how your professional background, combined with your skills and attributes, has prepared you to lead the Coxsackie-Athens Central School District through rapidly changing times.

2. How will we know if we have prepared our graduates for the 21<sup>st</sup> Century and beyond?

3. What do you perceive as a good working relationship between the Superintendent and the:
- A. Board of Education
  - B. Community
  - C. Building Administrators
  - D. Staff

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## Affirmation and Signature

Please read the following statements, print this application and sign below. The entire application must be mailed to Mr. James Frame at the address listed on page 1 in order for the submitted application to be valid.

I hereby declare that the information provided by me is true, factual and complete. I understand that false or incomplete statements or misrepresentations may disqualify me for employment or cause my subsequent dismissal. If employed by the Coxsackie-Athens Central School District, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.

I acknowledge that nothing in this application or in the Coxsackie-Athens Central School District hiring process creates a contract of employment and that the district, should I obtain employment, retains its right to terminate my employment in accordance with law and/or contract. I hereby authorize the Coxsackie-Athens Central School District or its agent to verify my credentials and investigate me (including a DMV check and a consumer investigative report) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends and business associates and others who the Coxsackie-Athens Central School District or its agent, in its sole judgment, believes has relevant information. I will not make any claims against Coxsackie-Athens Central School District, such agents, or persons that the district or such agent may contact during the investigation of references and my application in general.

I hereby release the Coxsackie-Athens Central School District, such agents, and such persons from any and all claims related in any way to such reference checks or investigation of my application in general.

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Date

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Signature