

Private Schools Professional Administrator Application:

(Print this section, complete the information requested and mail to:
509 S. Hudson Street, Orlando, FL 32835)

This form may be reproduced in quantities sufficient to accommodate your requirement.

TELL US ABOUT YOURSELF

The following information is for identification purposes only. You are not required to complete any information that you feel violates your privacy.

APPLICANT'S FULL NAME: _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER & STATE _____

SEX _____ US CITIZEN _____ OTHER _____

TELL US ABOUT YOUR ADMINISTRATIVE EXPERIENCE

(Feel free to use additional paper as necessary)

EMPLOYED BY SCHOOL NUMBER 1 FROM/TO _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

SUPERVISOR _____

PHONE _____

JOB DESCRIPTION _____

EMPLOYED BY SCHOOL NUMBER 2 FROM/TO _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

SUPERVISOR _____

PHONE _____

JOB DESCRIPTION _____

EMPLOYED BY SCHOOL NUMBER 3 FROM/TO _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

SUPERVISOR _____

PHONE _____

JOB DESCRIPTION _____

TELL US ABOUT YOUR ACADEMIC/TRAINING EXPERIENCE

ATTENDED SCHOOL NUMBER 1 FROM/TO _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

MAJOR/MINOR _____

DEGREE/CERTIFICATE/DIPLOMA _____

ATTACH COPY(S) OF DOCUMENTS _____

ATTENDED SCHOOL NUMBER 2 FROM/TO _____

SCHOOL NAME _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

MAJOR/MINOR _____

DEGREE/CERTIFICATE/DIPLOMA _____

ATTACH COPY(S) OF DOCUMENTS _____

TELL US ABOUT YOUR CHARACTER

HAVE YOUR EVER BEEN DENIED A PROFESSIONAL CERTIFICATE? _____

HAVE YOU EVER HAD A PROFESSIONAL CERTIFICATE SUSPENDED OR REVOKED? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

PERSONAL REFERENCES

1. NAME/PHONE/RELATIONSHIP _____

2. NAME/PHONE/RELATIONSHIP _____

3. NAME/PHONE/RELATIONSHIP _____

DOCUMENT INFORMATION

(used to develop your personalized documents)

NAME _____

(exactly as you desire it to appear on your documents)

FUNCTION TITLE _____

(exactly as you desire it to appear on your documents)

SIGNATURE _____ DATE: _____

(Your application will not be processed without proper remittance of \$250.00. Mail to: "NPSAG",
509 S. Hudson Street, Orlando, FL 32835)