



JAMESTOWN PUBLIC SCHOOLS APPLICATION FOR SUPERINTENDENT OF SCHOOLS

DIRECTIONS:

1. This application may be filled in online. Print and sign the application and disclosure/consent form. Forward both documents with your letter of application to the person listed on the second page of this form. Do not indicate "see attached vita or materials."
2. You are invited to add or attach any additional information that will assist us in our evaluation.
3. Applicants are asked not to contact members of the board of trustees except as they may be requested to do so.]

PERSONAL INFORMATION

Name: _____

Work email: _____

Personal email: _____

Home address: _____

Business address: _____

Home phone number: _____

Cell phone number: _____

Office phone number: _____

Current employer: _____

Current position: _____

Years in position: _____

Enrollment: _____

Number of staff: _____

Annual budget: _____

Current salary: _____

GRADUATE COLLEGES AND/OR UNIVERSITIES

Name and Location	Major	Degree	Date Conferred

UNDERGRADUATE COLLEGES AND/OR UNIVERSITIES

Name and Location	Major	Degree	Date Conferred

CERTIFICATIONS

Type	State	Certification Number	Expiration Date

ADMINISTRATIVE EXPERIENCE *(Most recent first)*

Dates Employed	Position Title	School/District/Organization Name	Address Phone Number	Enrollment

CLASSROOM TEACHING EXPERIENCE *(Most recent first)*

Subject Grade	School/District	Address Phone Number	Dates Employed	Immediate Supervisor

NON EDUCATIONAL EXPERIENCE

Firm	Type of Work	Address Phone Number	Dates Employed	Immediate Supervisor

PROFESSIONAL REFERENCES *(Do not include any subordinates)*

	Reference #1	Reference #2
Name		
School/District/Organization		
Home Phone		
Cell Phone		
Work Phone		
Mailing Address		
Email		
Relationship to Candidate		
Years known Candidate		

	Reference #3	Reference #4
Name		
School/District/Organization		
Home Phone		
Cell Phone		
Work Phone		
Mailing Address		
Email		
Relationship to Candidate		
Years known Candidate		

	Reference #5	Reference #6
Name		
School/District/Organization		
Home Phone		
Cell Phone		
Work Phone		
Mailing Address		
Email		
Relationship to Candidate		
Years known Candidate		

ADDITIONAL QUESTIONS

1. Have you received any honors, awards and/or major recognitions throughout your professional career?
2. Do you belong to any professional memberships? If yes, please include additional information below.
3. Do you belong to any civic or community memberships? If yes, please include additional information below.
4. Have you given any major presentations throughout your professional career?

Mailing Instructions

University references and transcripts, completed application form, disclosure/consent form, and all supporting materials should be mailed to:

**ROBERT W. CHRISTMANN, LEAD CONSULTANT
WESTERN NEW YORK EDUCATIONAL SERVICE COUNCIL
STATE UNIVERSITY OF NEW YORK AT BUFFALO
222 BALDY HALL
BUFFALO, NY 14260-1000**

APPLICATION DEADLINE: FRIDAY, JUNE 2, 2017