

**LIBERTY CENTRAL SCHOOL DISTRICT  
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)*

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

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

	<b>Reference #5</b>	<b>Reference #6</b>
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?

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### Mailing Instructions

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

**VINENT J. COPPOLA, ED.D. SEARCH CONSULTANT  
WESTERN NEW YORK EDUCATIONAL SERVICE COUNCIL  
STATE UNIVERSITY OF NEW YORK AT BUFFALO  
222 BALDY HALL  
BUFFALO, NY 14260-1000**

**APPLICATION DEADLINE: January 8, 2018**

## Disclosure and Consent Form

As an applicant for the position of Superintendent of the Liberty Central School District, I hereby assert, consent to and acknowledge the following:

1. I possess valid professional certification to be a Superintendent of Schools in New York State. (Attach Copy)
2. I understand the Board of Education, and/or consultant may retain a private firm to conduct a thorough check of my background, including an investigation of my criminal, driving, and financial history. I consent to this procedure and I will cooperate by providing such personal information as may be required.
3. I authorize the Board of Education and/or the consultant search team (the search consultant the Board has retained), to contact personal and professional references, including those with whom I have been previously employed, but contact with my current employer will not be made until I have given specific prior approval.
4. I have no physical or other limitations that would prevent me from performing the responsibilities associated with this position.
5. If the answer is "YES" to any of the following questions, please provide additional detailed information:
  - a. Have you been convicted of a crime within the past 7 years?  
 Yes             No
  - b. Have you ever served in the U.S. Armed Forces?  
 Yes             No
  - c. If yes, did you receive a dishonorable discharge?  
 Yes             No
  - d. Have you ever been known by any other name(s)?  
 Yes             No
  - e. Have you ever been dismissed from a position, had disciplinary charges preferred against you, or been denied or had professional licensure revoked?  
 Yes             No
  - f. Are there other aspects of your personal or professional history or prior job performance that are pertinent to your potential employment as school superintendent of the Liberty Central School District?
6. I hereby indemnify, release and forever discharge and hold the Liberty Central School District and its officers, agents and employees, the WNY Educational Service Council, as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.
7. I hereby affirm that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries are complete and correct to the best of my knowledge and belief. I acknowledge that any misrepresentations, omissions or falsifications might be grounds for rejection of my application or dismissal if employed for this position.

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Candidate's Signature

Date

The Western New York Educational Service Council is an Equal Opportunity Employer