



APPLICATION FOR SUPERINTENDENT OF SCHOOLS SULLIVAN WEST CENTRAL SCHOOL DISTRICT

DIRECTIONS:

1. Complete, print and sign the application and disclosure/consent form. Mail all documents to the address listed on the last page of this application.
2. Please include any additional information that enhances your candidacy.
3. Do not contact members of the Board of Education
4. Direct all correspondence and questions to the consultants

Personal Information

Name: _____

Personal email: _____

Home address: _____

Home phone number: _____

Cell phone number: _____

Current employer: _____

Current position: _____

Years in position: _____

Enrollment: _____

Number of staff: _____

Annual district budget: _____

Current salary: _____

Graduate Colleges and Universities

Name and Location	Major	Degree

Undergraduate Colleges and Universities

Name and Location	Major	Degree

Certifications

Type	State	Certification Number	Expiration Date

Administrative Experience *(Most recent first)*

Dates Employed	Position Title	Organization Name and Address	Enrollment

Teaching and Related Experience *(Most recent first)*

Dates Employed	Position Title	Organization Name and Address

Other Experience

Dates Employed	Position Title	Organization Name and Address

Professional References *(Do not include subordinates)*

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

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

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

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

Additional Information

1. Honors, awards and/or major recognitions received throughout your professional career.

2. Memberships and offices held in professional organizations.

3. Memberships and offices held in civic and community organizations.

4. Major presentations and articles/books authored.

Mailing Instructions

Letter of application, resume, letters of reference, transcripts, completed application form, disclosure/consent form, and other supporting materials should be mailed to:

**SULLIVAN WEST SEARCH
WESTERN NEW YORK EDUCATIONAL SERVICE COUNCIL
UNIVERSITY AT BUFFALO
222 BALDY HALL
BUFFALO, NY 14260-1000**

Disclosure and Consent Form

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

1. I am eligible for 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 Sullivan West Central School District?

6. I hereby indemnify, release and forever discharge and hold the Sullivan West 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.

Candidate's Signature

Date

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