

Application for the position of
SUPERINTENDENT OF SCHOOLS
of the
WILSON CENTRAL SCHOOL DISTRICT

DIRECTIONS FOR CANDIDATES

A letter of interest, the completed application form, a complete and concise resume, NYS certification(s), College/University credential folder(s) and transcripts, and any other supporting materials should be forwarded to:

Dr. Clark J. Godshall
District Superintendent
Orleans/Niagara BOCES
4232 Shelby Basin Road
Medina, NY 14103

- 1) Please complete this application form and forward it along with all the materials listed above. Your application form will be separated from other papers during the process; please fill out the entire application in detail.
- 2) You are invited to tell of achievements, which you look upon with pride; attach selected supportive material with your letter of interest if you wish.
- 3) Please request that your credential folder(s) and transcripts be forwarded to the above address as soon as possible.

PERSONAL INFORMATION

Name (Last, First, Middle):

Home Address (street, city, state, zip):

Home Phone (with area code): Alternate Contact Method:

PROFESSIONAL INFORMATION

Current Position: Salary:

School District/Organization:

Address (street, city, state, zip):

Phone (with area code): Alternate Contact Method:

The Wilson Central School District is an equal opportunity employer and in compliance with Title IX of the Education Amendments of 1972, does not discriminate against any employee, student, applicant for employment, or candidate for enrollment on the basis of gender, race, color, religion or creed, age, national origin, marital status, disability, sexual orientation, or any other classification protected by law (including, with respect to employees and applicants for employment, genetic predisposition or carrier status), unless based upon a bona fide occupational qualification or otherwise provided for by law.

PROFESSIONAL PREPARATION

Institution & Location

Major/Minor

Degree

Date

A RESPONSE TO EACH OF THE QUESTIONS BELOW IS REQUIRED:

Have you ever resigned from a position rather than face disciplinary action?

Yes No

Has any disciplinary action been brought against you which resulted in your being discharged from employment?

Yes No

Have you ever been convicted of any crime (felony or misdemeanor)?

Yes No

Have you ever had a teaching credential revoked, suspended, or annulled?

Yes No

Have proceedings ever been initiated against you pursuant to New York State Education Law §3020a?

Yes No

If you answered YES to any of the questions above, please provide, on a separate sheet of paper with your name and the position and district to which you are applying, the specifics or an explanation for the response. If you elect not to provide the 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.

REFERENCES

Please provide five (5) individuals that may be contacted to provide a reference on your professional performance, professional demeanor, and/or professional achievements. These must include an administrator who has worked with you in the past or currently works with you, a board member, a president of a bargaining unit, a prominent community member, and one other individual of your choice. PLEASE DO NOT STATE "SEE RESUME OR PLACEMENT FOLDER".

Name: Title:

Address (street, city, state, zip):

Phone (with area code): Phone (with area code):

Contact with this individual may be made: Without my knowledge Only with my express knowledge and permission

Name: Title:

Address (street, city, state, zip):

Phone (with area code): Phone (with area code):

Contact with this individual may be made: Without my knowledge Only with my express knowledge and permission

Name: Title:

Address (street, city, state, zip):

Phone (with area code): Phone (with area code):

Contact with this individual may be made: Without my knowledge Only with my express knowledge and permission

Name: Title:

Address (street, city, state, zip):

Phone (with area code): Phone (with area code):

Contact with this individual may be made: Without my knowledge Only with my express knowledge and permission

Name: Title:

Address (street, city, state, zip):

Phone (with area code): Phone (with area code):

Contact with this individual may be made: Without my knowledge Only with my express knowledge and permission

WRITING SAMPLES

The Wilson Central School District Board of Education is expecting the successful candidate to become an integral part of the school/community. What steps will you take to meet this expectation?

Please provide an example of a time when you established a vision for an educational improvement and then set the conditions for the achievement of the vision. Kindly also describe the actual achievement.

What do you perceive as a good working relationship between the Superintendent and the:

Board of
Education
Members?

Staff?

Community?

Describe your understanding of, and experience in, the process of raising assessment results.

MUST BE SIGNED TO BE A VALID APPLICATION

AUTHORIZATION / AFFIRMATION STATEMENT

I hereby authorize Dr. Clark J. Godshall, Search Consultant, and the Wilson Central Schools' Board of Education to make any investigation of my past employment, and I waive the right of access to any information submitted by these references. I further release all previous employers from any and all liability in connection with any response(s) to questions from Dr. Godshall and/or the Wilson Central Schools' Board of Education. I understand that a criminal background check and a credit history may be secured on my behalf. I understand that, should the district wish to investigate my credit record, they are required to first obtain my signature on a separate "Consumer Report Disclosure Statement and Authorization" Form.

I do hereby affirm that all statements and materials submitted by me are true and complete. I understand that any false and/or inaccurate statements will be considered justification for disqualification of my application, or termination from employment, if discovered at any time after employment has been commenced.

I understand that this employment application will be valid for one (1) year from the date it is received. Further, I understand that I am not guaranteed employment by merely completing this application and even if I am hired by the District, this document is not to be considered a contract for employment.

Date:

Printed Name
(including any aliases):

Signature:
