

Willsboro Central School District
29 School Lane
Willsboro, NY 12996

**Application for
SUPERINTENDENT OF SCHOOLS
of the
Willsboro Central School District**

*The Willsboro Central School District is an equal opportunity/
affirmative action employer*

INSTRUCTIONS FOR APPLYING: Please send a personal letter outlining your qualifications, along with this completed signed application form including a minimum of five current professional references; a current résumé; three current letters of recommendation and copy of your NYS SDA or SDL certificate. Please forward to the following address no later than April 13, 2018.

**Dr. Mark Davey, District Superintendent of Schools
Clinton-Essex-Warren-Washington BOCES
P.O. Box 455
Plattsburgh, NY 12901
(518) 561-0100 x 211
(518) 562-1471 fax**

Applicants are asked not to contact members of the Board of Education except as they may be requested to do so.

PERSONAL INFORMATION

NAME _____
Last First Middle
Other name(s) _____
(Please provide any additional information regarding maiden name, change of name)

HOME MAILING ADDRESS

Street City/State/Zip code Telephone Number

PRESENT POSITION

Name of Institution/School District Job Title School District Enrollment

City/State/Zip code Business Number Current Salary

Annual Budget Personnel Responsible to You No. of Teachers/Others

Are you a U.S. citizen or eligible to work in the U.S.? Yes No

Have you ever been convicted of a crime? Yes No If yes, please explain _____

CERTIFICATION (List All Certificates)

TITLE OF CERTIFICATE	CERTIFICATE NUMBER	VALID IN STATE OF	DATE ISSUED	DATE EXPIRES

PROFESSIONAL PREPARATION

Undergraduate

INSTITUTION	LOCATION	DATES	NATURE OF STUDIES Major/Minor	DIPLOMA/DEGREE	DATE GRANTED

Graduate

INSTITUTION	LOCATION	DATES	NATURE OF STUDIES Major/Minor	DIPLOMA/DEGREE	DATE GRANTED

Summarize graduate work beyond the highest earned or graduate work not leading to a degree

INSTITUTION	LOCATION	DATES	INDICATE MAJOR CONCENTRATIONS	CREDITS	ADDITIONAL INFORMATION

SCHOLASTIC HONORS

PROFESSIONAL MEMBERSHIPS

RELATED PROFESSIONAL EXPERIENCE

(Educational travel, lectures, addresses, publications, organizational memberships, committee chairs or memberships, participation in educational experiments, innovations, special programs, elective positions held, community and social services, scouting, recreation etc.)

TENURE STATUS

Were you ever granted tenure in a public school district or board of cooperative educational services (BOCES) in New York State? Yes No

If yes, complete: Tenure Area _____ Effective Date _____
 Name and Address of School District Where Tenure was Granted _____

If you answer yes to any of the following four questions, please give specifics on a separate sheet:

1. Have you ever received a penalty pursuant to Education Law §3020-a or Civil Service Law §75? Yes No
2. Have you ever had your certificate revoked? Yes No
3. Have you ever received a censure and/or reprimand based on action of the Board of Regents? Yes No
4. Have you ever had a contract not renewed? Yes No

WORK EXPERIENCE BASED ON CERTIFICATE/LICENSE

DATES EMPLOYED	EMPLOYER'S NAME AND ADDRESS	NATURE OF POSITION/SALARY	REASON FOR LEAVING

OTHER WORK EXPERIENCE

DATES EMPLOYED	EMPLOYER'S NAME AND ADDRESS	NATURE OF POSITION/SALARY	REASON FOR LEAVING

ADDITIONAL INFORMATION

Any additional information you feel would be helpful in the selection process.

