



SIDNEY CENTRAL SCHOOL DISTRICT

APPLICATION FOR SUPERINTENDENT OF SCHOOLS

PERSONAL DATA

Name: _____ SS# _____

Present Address: _____

E-mail Address: _____ U.S. Citizen: Yes No

Phone (Home): _____ (Office): _____

Present Position: _____

School District Size (K-12 student enrollment): _____

Type of District (e.g., Central, City): _____

Number of Employees: Teaching: _____ Administration: _____ Support: _____

Current Budget: _____

BOCES District (if applicable): _____

PROFESSIONAL PREPARATION (Undergraduate and Graduate Study)

Institution	Major/Minor	Degree	Graduation Date

CERTIFICATION

Title of Certificate	Date Issued	Permanent or Provisional	State	Certificate Number

ADMINISTRATIVE EXPERIENCE (most recent first)

Title	School/District Name	Address & Phone Number	Dates Employed	Highest Salary

TEACHING EXPERIENCE (most recent first)

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

OTHER WORK EXPERIENCE

Firm	Type of Work	Address & Phone #	Dates	Immediate Supervisor

MILITARY SERVICE

Branch	Rank	Duties	Dates	Type of Discharge

SPECIAL INTERESTS (Community Affiliations, Professional Affiliations)

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Given the challenges facing New York State schools today, please describe your philosophy of educational leadership and how you would implement that philosophy in your first year at Sidney.
(Attach additional sheets if necessary)

REFERENCES (Please list four persons that know your professional work and qualifications)

Name	Position	Work Phone	Home Phone

Since your 16th birthday, have you ever been convicted of, or pleaded guilty to a crime? (Do not include traffic violations for which a fine of \$200 or less was imposed). Yes No

If yes, state the charge, place and approximate date, and the resultant action:

A conviction will not necessarily disqualify an applicant from consideration for employment.

The material, information, and/or other data obtained, collected or sought during the search process is the property of the local school district and may be shared with persons engaged in the search proceedings. This information may be subject to inquiry by the consultant as he/she conducts a study of the background, experience, and educational activities of the candidates. Accordingly, I agree to release from liability those persons giving information about me so long as the information is related to the responsibilities, duties and/or functions of the position for which I have applied. I understand that none of the information, noted above, will be available to me except as may be required under state or federal laws and regulations. I also understand that willful misrepresentation of any actual fact contained in this application is cause for disqualification of my candidacy for the position or if hired or retained, dismissal from the position and loss of tenure rights.

Date

Applicant's Signature

Mailing instructions:

Mail completed application to:

**Mr. Alan Pole, Associate
CASTALLO & SILKY
4514 Whistler Circle
Manlius, New York 13104**

OR

**E-Mail Application to: polead@yahoo.com
AND**

Mail last page with signature to above mailing address