

# Superintendent Of Schools

Greenburgh Eleven
Union Free School District

# **Employment**Application

# **Superintendent of Schools Employment Application**

### PERSONAL INFORMATION

Jame:			
Last		First	M.
List other names under which your we	ork records might appe	ar (for the purposes of verifying wor	k & education records:
ате:			
Last		First	M.
ame:			
Last		First	M.
ailing Address:			
ity:	State:	Zip Code:	
ome Phone: ( )		Work Phone: ( )	
ell Phone: ( )		Email:	

#### **DIRECTIONS**

**PLEASE NOTE**: This application must be completely filled in. All requested information must be provided in order for your application to be considered. Include the following with your submission:

- \* This application form
- \* Copy of NYS Administrative certifications
- \* Letter of Interest
- \* Current professional credential folder (if available)
- \* Current resume
- \* Three (3) recent letters of recommendations/references
- \* Transcripts

Applicants are requested not to contact members of the Board of Education

PLEASE EMAIL ALL APPLICATIONS TO Greenburgh11Search@swboces.org

#### **CERTIFICATION AND PROFESSIONAL LICENSE**

STATE	DATE ISSUED	CERTIFICATION	STATUS (i.e. initial, professional)
Other licenses h	neld (type & issuing authority	r): Please provide copy with your	submission
			Exp. Date:

# EDUCATIONAL PREPARATION

College/Graduate	Date Attended	Sem. Hours	Major/Minor	Grade Pt. Av.	Degree

Please have all official college transcripts forwarded to:

SWBOCES 17 Berkley Drive Rye Brook, New York 10573 Attn: District Superintendent's Office

# EMPLOYMENT HIGHLIGHTS

Were you ever appointed to ten	ure in a public school	district in Nev	v York State? Yes No	
Tenure Area:	e Area: Tenure Date Granted:			
Name & Address of school dist	crict where tenure was	last granted:		
Name				
Address	City	State	Zip Code	
Have you ever been found guilt Education Law 3020-a?	ty of and/or plead guilt	ty to charges p	oursuant to New York State	
Yes No				
If you answered yes, you we Please state in detail the an necessary).	•	1 0	an applicant for employment. ttach additional pages as	
Have you ever had a profession governmental agency?	nal certificate or license	e denied, revo	ked, or suspended by any	
Yes No				
* * * * * * * * * * * * * * * * * * * *	-		ed as an applicant for employn u. (Attach additional pages as	ıent.

#### MILITARY SERVICE

Did you serve on active duty with the armed forces of the United States? Yes			No
Are you certified by the Veteran's Administrat	on as a disabled veteran?	Yes	No
Branch of Service:	Rank/ Specialty:		
Dates of Service:			
Did you have anything other than an honorable	discharge?	Yes	No
If you answer yes, you will not necessarily be disqualified as an applicant for employment.			

#### WRITING SAMPLES

A student is having major discipline issues with multiple fights with other students, violent outbursts, and refusal to respond to direction from teachers and administrators. The issue is affecting instruction in the student's grade and throughout the school, and some teachers feel threatened and are, naturally, upset.

Taking into account the population we serve, describe how you would manage the specific situation, and describe your thoughts about student code of conduct and discipline generally.

# WRITING SAMPLES

Please describe your experiences in building and sustaining effective working relationships with staff and working with unions?

# EMPLOYMENT HISTORY

Begin with your most recent employment and be sure to include any employment with NYS. List all previous employers. (Add additional sheets if necessary)

Employer:		Telephone #	
Address:	City:	State:	Zip:
Job Title:			
Immediate Supervisor, Title			
Contact No:			
May we contact for reference	e? Yes	No Later	
Dates Employed:	From	To:	
Reason for Leaving:			
School District Enrollment Annual Budget			
Total No of Employees			
Summarize the nature of the	work performed and	the iob responsi	bilities.

# **EMPLOYMENT HISTORY**

Employer:		Telephone #	
Address:	City:	State: Zip:	
Job Title:			
Immediate Supervisor, Titl	e		
Contact No:			
May we contact for referen	ce? Yes	No Later	
Dates Employed:	From	To:	
Reason for Leaving:			
School District Enrollment	A	nnual Budget	
Total No of Employ	/ees		

Summarize the nature of the work performed and the job responsibilities.

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Address:	City:	State: Zip:	
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Dates Employed:	From	To:	
Reason for Leaving:			
School District Enrollmen	t A	nnual Budget	
Total No of Emplo	vees		

Summarize the nature of the work performed and the job responsibilities.

### REFERENCES

Please provide telephone numbers of at least three (3) people who are not related to you and qualified to give information describing your abilities for the position of Superintendent of Schools.

Name	Title		
Relationship			
Address	City	State	Zip Code
Cell Phone	Email		
Dates Employed:			
Name	Title		
Relationship			
Address	City	State	Zip Code
Cell Phone	Email		
Dates Employed:			
Name	Title		
Relationship			
Address	City	State	Zip Code
Cell Phone	Email		
Dates Employed			

# ADDITIONAL INFORMATION

Are you legally eligible for employment in this country?  If employed, you will be asked to produce two original forms of idea.	Yes lentification.	No
Do you have: Relatives Friends employed in this school district?	Yes	No
If yes, who		
Do you have any disability which would prevent you from performing, (we the functions of this position?  If yes, explain	vith or without Yes	accommodation) No
Have you ever been convicted of a crime (misdemeanor and/or felony)?	Yes	No
If you answer yes, you will not necessarily be disqualified as an applicant for en	nployment. Plea	se explain —
Are any criminal charges or proceedings pending against you	Yes	No
If you answer yes, you will not necessarily be disqualified as an applicant for en	nployment. Plea	se explain
		_
Have you ever been dismissed from a position or resigned to avoid Dismi	issal? Yes	No —
If you answer yes, you will not necessarily be disqualified as an applicant for en	nployment. Plea	se explain

#### WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I

hereby authorize Southern Westchester BOCES (hereafter known as SWBOCES) acting on behalf of the contracted school district (hereafter known as "the District") to verify and investigate all statements I have made on the employment application, related papers and in interviews I authorize SWBOCES to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all legal liability or damage for disclosing any information about me. In addition I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment by the District.

Signature	Date
515114141	Butt

#### WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

I certify that all statements herein are true, accurate, and complete. I understand that any false, misleading or willful omissions shall be just cause for dismissal or refusal of employment.

I understand that Southern Westchester BOCES (known as SWBOCES) acting on behalf of contracted school district (hereafter known as "the District)" will thoroughly investigate my work and personal history and verify all data given on this application, related papers and in interviews.

I authorize all individuals, schools and employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability or damage for disclosing information about me.

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.

If I am chosen for employment by the District I agree to confirm to its rules and regulations as set forth in the employee handbook and/or Board of Education policies and regulations. I acknowledge that these rules and regulations may be changed, interpreted withdrawn or added to by the District at any time any the District's sole discretion without prior notice to me.

Pursuant to the School Finger Printing Law (2000 New York laws, Chapter 180), I understand that I will not be eligible for employment by the District if the New York State Education Department does not clear me for employment.

If requested by the District in connection with this application and if given a bona fide offer of employment, I agree to take a medical examination in accordance with the District policies. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements or that examination as established by the District.

The employment application will be valid for one (1) year from the date is received.

Signature	Data
Signature	Date