

Superintendent of Schools



Employment Application

Port Chester–Rye
Union Free School District

Superintendent of Schools Employment Application

PERSONAL INFORMATION

Name: _____
Last First M.

List other names under which your work records might appear (for the purposes of verifying work & education records:

Name: _____
Last First M.

Name: _____

Mailing Address:

Home Phone: () _____ Work Phone: () _____

Cell 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

CERTIFICATION AND PROFESSIONAL LICENSE

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

	Exp. Date:
	Exp. Date:
	Exp. Date:
	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

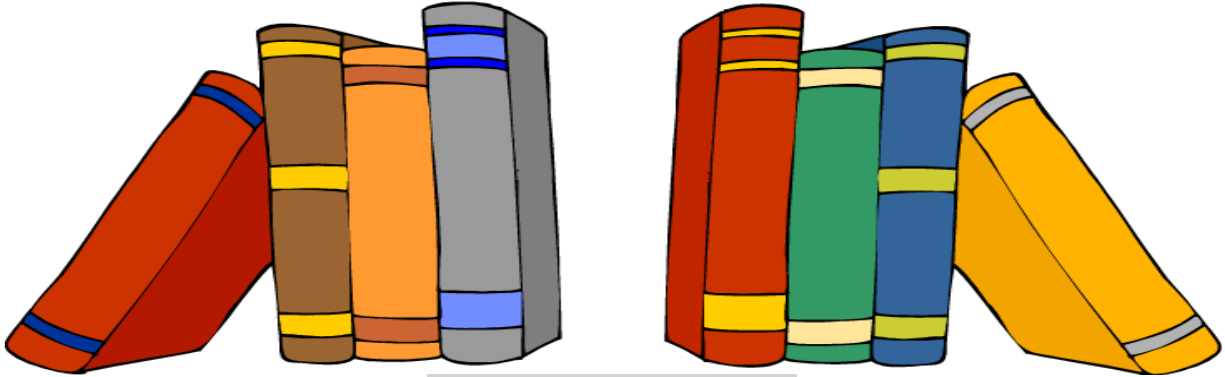
Were you ever appointed to tenure in a public school district in New York State? _____ Yes _____ No

Tenure Area: _____ Date Tenure Granted: _____

Name & Address of school district where tenure was last granted: _____

Have you ever been found guilty on charges pursuant to New York State Education Law 3020-a? ____ Yes ____ No

If you answered yes, you will not necessarily be disqualified as an applicant for employment. Please state in detail the action that was taken against you. (Attach additional pages as necessary).



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 Administration 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. If you answered yes, please explain:

WRITING SAMPLES

1. **Write about your experience with COVID-19 and how you would help Port Chester-Rye UFSD to a Post-COVID-19 fully in person learning environment? How would you lead the transition back to school, including leading the instruction? What are some lessons learned?**

[illegible]

- 2. Please describe your experience in building and sustaining effective working relationships with Boards of Education?**

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:	Dates Employed <div style="display: flex; justify-content: space-between;"> From: To: </div>
Address:		Summarize the nature of the work performed and the job responsibilities.
Job Title:		
Immediate Supervisor, Title & Telephone No.		
Reason for Leaving:		

May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
School District Enrollment?	Annual Budget:	Total No. of Empl.	

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Employer:	Telephone:	Dates Employed	
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Address:		Summarize the nature of the work performed and the job responsibilities.	
Job Title:			
Immediate Supervisor, Title & Telephone No.			

Reason for Leaving:			
May we contact for reference? ____ Yes ____ No ____ Later			
School District Enrollment?	Annual Budget:	Total No. of Empl.	

SUPERINTENDENT OF SCHOOL EMPLOYMENT APPLICATION

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:		
Address:		
Title:		
Cell Telephone:	Email Address:	Dates employed or known:

Name:		
Address:		
Title:		
Cell Telephone:	Email Address:	Dates employed or known:

Name:		
Address:		
Title:		
Cell Telephone:	Email Address:	Dates employed or known:

Name:		
Address:		
Title:		
Cell Telephone:	Email Address:	Dates employed or known:

ADDITIONAL INFORMATION

Are you legally eligible for employment in this country? _____ Yes _____ No

If employed, you will be asked to produce two original forms of identification.

Do you have: _____ Relatives _____ Friends employed in this school district? ____ Yes ____ No

If yes, who _____

Do you have any health conditions that would impair your ability to perform the functions of this position?

_____ Yes _____ No

If yes, explain _____

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 employment. Please 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 employment. Please explain.

Have you ever been dismissed from a position or resigned to avoid dismissal? _____ Yes _____ No
If you answer yes, you will not necessarily be disqualified as an applicant for employment. Please 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

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

Date

**SWBOCES
Superintendent Search
17 Berkley Drive, Rye Brook, New York 10573**

12/10/20/hac