
Wellsville Central School District

126 West State Street - Wellsville, New York 14895 - (585) 596-2170

"Our mission is to prepare our students to be successful, contributing members of their communities through excellence in education"

Application for Administrative Employment

Specify Position Applying for: _____

Applicant's Full Name: _____
(Last) (First) (M.I.) (Maiden Name)

Other Name(s): _____ **Teacher's Retirement No.** _____ **Tier** _____
(Please provide any additional information relative to change of name, use of an assumed name or nickname, necessary to enable a check on your work or school record.)

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers: (____) _____ (____) _____ **E-mail Address:** _____
(Home) (Work)

Present Position: _____ **Present Salary:** _____

District Enrollment: _____ **Annual School Budget** _____

My signature below authorizes the school district to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference sources from any liability in connection with its release or use.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, falsely answered statement made by me on this application, or any supplement to it, will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Date: _____ **Signature of Applicant:** _____

Are you a U.S. citizen?
 Yes No

If not, are you eligible to work in the U.S.?
 Yes No

Please mail application, resume, transcripts, and placement file complete with letters of reference to:

Mr. David Foster
Wellsville Central School District
126 West State St.
Wellsville, NY 14895

The Wellsville Central School District is an equal opportunity employer.

Experience: Please list your experience chronologically, beginning with the most recent. Include both your administrative and teaching experiences. This section must be completed in full - do not indicate "see resume."

Employer: _____
 Address: _____ Telephone: _____
 Dates of employment (month/year) From: _____ To: _____ Supervisor: _____
 Position / Title: _____
 Description of Duties: _____
 Reason for Leaving: _____

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(Attach extra sheet, if necessary.)

Education: (List chronologically)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance From.....To
High School						
College/University						

Certification: (Please enclose a photocopy of your New York certificate)

Areas of New York State Certification:	Certification #	Expiration	Type of Certification
1.			
2.			
3.			
4.			

Military Experience:

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

General Information:

Earliest date available for employment _____ Are you under contract?..... () No () Yes

Have you ever held a tenured position in New York? () No () Yes

If yes, cite school district(s) and date(s) _____

Have you ever been refused tenure? (If yes, explain on back.)..... () No () Yes

Have you ever been discharged or requested to resign from a position? (If yes, explain on back.)..... () No () Yes

Have you ever been convicted of a violation of law other than a minor traffic violation? (If yes, explain on back.)..... () No () Yes

Have you ever had a certificate or license revoked or suspended? (If yes, explain on back.) () No () Yes

Are any criminal charges or proceedings pending against you? () No () Yes

Professional References:

Please provide the names of four references whom we may contact who have closely observed your work as a professional. Give the names of present and former superintendents, principals, and other supervisors.

Name of Reference	Position	Mailing Address	Phone Number
1.			
2.			
3.			
4.			

Please answer the following questions on a separate sheet of paper.

1. Why are you interested in becoming a member of the Wellsville school community?
 2. How would your experience and knowledge assist you in becoming a highly effective school leader?
 3. What particular strengths would you bring to Wellsville Central School District?
 4. What additional personal information you would want to be considered in the evaluation of your application, including honors received, special talents or interests, travel, publications, advanced work, etc.?
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The Wellsville Central School District does not discriminate on the basis of race, color, national origin, sex, age, religion, political affiliation, or handicapping conditions in its educational programs or employment. No person shall be denied employment solely because of any impairment, which is unrelated to the ability to engage in activities involved in the position or program for which application has been made.

In order to be considered for a position, this application must be completed in its entirety.
