



Superintendent Application Instructions

This form may be completed manually or electronically.

To complete this form manually:

1. Print pages 2 -5 of this document and submit to:

Dr. Charles Dedrick, Interim District Superintendent
WSWHE BOCES
1153 Burgoyne Ave., Suite 2
Ft. Edward, NY 12828

Contact telephone number is (518) 746-3310.

To complete this form electronically:

1. **To view, print, or complete this form on a personal computer you must have an updated version of Adobe Acrobat Reader. Acrobat Reader must also be the default application to open/read PDF files.** There are several third party applications that will allow viewing and printing of this document. None of them, however, will allow access the interactive components of the form (saving, resetting the fields, email transmission, etc.). To download the latest version of Adobe Acrobat Reader specific to your computer and operating system, click [here](http://www.adobe.com/products/acrobat/readstep2_allversions.html) or visit http://www.adobe.com/products/acrobat/readstep2_allversions.html.
2. Open the form and place your mouse/cursor over each of the white boxes and type in the appropriate information. You may also use the tab key to advance to the next box. Certain areas of the form contain check boxes or buttons. Simply click your mouse in the box/button you wish to choose.
3. When you have finished completing the form, save the document using the SAVE AS command under the FILE menu. Be sure to type in a unique name specific to the document you just completed as this will distinguish the original (blank) form from the completed version.
4. Once the new document has been saved, you may print as necessary, sign and date where indicated, and return to the appropriate office OR make use of the SUBMIT button to send the form via email.

APPLICATION

For the Position of Superintendent of Schools

South Glens Falls Central School District
South Glens Falls, New York

Please mail letter of application, resume, completed application form and placement file by February 28, 2010 to:

Dr. Charles Dedrick
WSWHE BOCES
1153 Burgoyne Ave., Suite 2
Fort Edward, NY 12828

The South Glens Falls Central School District is an Equal Opportunity Employer.

Personal Information

Last Name	First	Middle
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Home Address	City/State/Zip	Phone
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E-mail Address

Work Address	City/State/Zip	Phone
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Present Employer	Title
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School District Enrollment	School District Budget
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Current Salary	Number of people reporting directly to you
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Are you a United States Citizen? _____ YES _____ NO

Have you ever been convicted of a crime? _____ YES _____ NO

Have you ever been dismissed or asked to resign from any position? _____ YES _____ NO

Have you ever resigned from a position to avoid the effects of a denial of tenure designation? _____ YES _____ NO

Have you ever been the subject of a Part 83 notification to the State Education Department? _____ YES _____ NO

If the answer to any of the previous four (4) questions is "yes," please attach an explanation for each "yes" response to this application.

References

Please provide five references who are familiar with your work history. Include the names of at least two current school board members. *(Current school Board members will not be called until candidate reaches the semi-final round of interviews).*

1. Name _____ Title _____
Address _____ City _____
State/Zip _____ Phone _____

2. Name _____ Title _____
Address _____ City _____
State/Zip _____ Phone _____

3. Name _____ Title _____
Address _____ City _____
State/Zip _____ Phone _____

4. Name _____ Title _____
Address _____ City _____
State/Zip _____ Phone _____

5. Name _____ Title _____
Address _____ City _____
State/Zip _____ Phone _____

Philosophy Statements/Writing Sample

Please construct response statements to the questions below. Use the style and form with which you are most comfortable. (Use additional sheets if necessary.)

1. Based on the information you gathered about the South Glens Falls Central School District, please develop a sample entry plan that illustrates your ability to assume leadership of the district, what you will accomplish in the first six months, and how you will mesh with the existing culture and initiatives.
2. Please provide an example of how you established a vision for educational improvements and set conditions for the achievement of that vision. Indicate any obstacles you encountered and how you overcame them. Include details of how you empowered people in the process, and cite evidence of the initiative's success.

Question 1:

Question 2:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I acknowledge that any false or misleading information, or significant omissions, may disqualify me from further consideration for employment, or be considered grounds for dismissal, if investigated and/or discovered at a later date. I authorize the South Glens Falls Central School District to investigate and obtain copies of records relating to my employment history, credit record and education, and to investigate any other information provided in connection with this application; I agree to cooperate in such investigation; I authorize all former employers, credit agencies, and educational institutions to provide job-related information to the District and to any job search consultant, such as a BOCES District Superintendent, authorized by the District to act on its behalf; and I release them and the District and its authorized consultant from all liability or responsibility for supplying or requesting such information as part of such an investigation. I understand that, should the District wish to investigate my credit record, they are required to first obtain my signature on a separate "Consumer Report Disclosure Statement and Authorization" form.

Date: _____

Signature of Applicant: _____