



Superintendent Application Instructions

1. Begin by saving a copy of this application to your computer. We suggest using your last name as part of the file name to differentiate your application from the blank template. Be sure to save the file in a location (folder) on your computer that will be easy to find.
2. **Close your web browser prior to filling in the application.**
3. Open the saved file to begin completing the application. It is recommended that you enter your name and address, save the document and reopen it to ensure that the version of the program you are using is functioning correctly.
4. Complete the application by typing your information in the fields. Certain areas of the form contain check boxes or buttons; simply click your mouse in the box/button you wish to choose. Remember to SAVE often.
5. When your application is complete, you may either:
 - A. Print, sign and date where indicated, and mail (along with your letter of interest, resume, three letters of reference specific to this position, transcripts, and proof of certification) to:

Mr. James P. Dexter, District Superintendent

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

-OR-
 - B. Email your completed application as an attachment (along with your letter of interest, resume, three letters of reference specific to this position, transcripts, and proof of certification) to: jdexter@wswhiboces.org
6. If you have any questions, please call: 518-746-3310 ext. 8.

A letter of acknowledgement will be sent to you upon receipt of your application and supporting materials.

For technical assistance, contact Anthony Muller at amuller@wswhiboces.org or 518-581-3722



Queensbury Union Free School District

Queensbury, NY

Please mail (or submit digitally using this form) letter of interest, resume, completed application, three letters of reference specific to this position, transcripts, and proof of certification to:

Mr. James P. Dexter, District Superintendent
WSWHE BOCES
1153 Burgoyne Avenue, Suite 2
Fort Edward, NY 12828

Last Date to Submit Applications: September 26, 2019

The Queensbury Union Free School District is an Equal Opportunity Employer.

Personal Information

Last Name

First Name

Middle Name or Initial

Home Address

City

State

Zip

Home Phone Number

Cell Phone Number

E-mail Address

Work Address

City

State

Zip

Present Employer

Title

School District Enrollment

School District Budget

How many people report directly to you?

How many people report indirectly to you?

Educational and Professional Preparation

Please abbreviate when necessary to keep your responses to a maximum of two lines.

Graduate Institution	Address	Major/Minor	Degree	Degree Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Graduate Institution	Address	Major/Minor	Degree	Degree Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Undergraduate Institution	Address	Major/Minor	Degree	Degree Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Undergraduate Institution	Address	Major/Minor	Degree	Degree Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Certificates

Title of Certificate	Date Issued	Expiration Date	Valid in State of
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title of Certificate	Date Issued	Expiration Date	Valid in State of
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title of Certificate	Date Issued	Expiration Date	Valid in State of
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title of Certificate	Date Issued	Expiration Date	Valid in State of
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Background Information

- 1. Are you a United States citizen? Yes No
- 2. Have you ever been dismissed from, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct? Yes No
- 3. Are you the subject of any pending investigation and/or disciplinary charge(s) pertaining to employment? Yes No
- 4. Have you ever been convicted of a crime (felony or misdemeanor) or violation (excluding speeding or parking violations)? Yes No
- 5. Have you ever had an application for a teaching, professional or vocational credential (i.e., license, certificate or registration) in New York or any other jurisdiction denied? Yes No
- 6. Have you ever surrendered a teaching, professional or vocational credential (i.e., license, certificate or registration) or had such credential revoked, suspended, invalidated or otherwise subjected to a disciplinary penalty in any jurisdiction? Yes No
- 7. Are you the subject of any pending investigation and/or disciplinary charge(s) for professional misconduct in any jurisdiction? Yes No
- 8. Have you ever been denied tenure or, been asked to extend your probationary period through a "Juul agreement"? Yes No
- 9. Have you ever resigned from a position to avoid the effects of a denial of tenure designation? Yes No
- 10. Have you ever been the subject of a Part 83 notification to the State Education Department? Yes No

If you selected "Yes" as your answer to any question from #2 through #10, provide an explanation for each "Yes" response.

References

Please provide five (5) references who are familiar with your work history. Include the name of at least two (2) current school board members. (Current school board members will not be called until the candidate is selected as a semi-finalist.) Please abbreviate when necessary to keep your responses to a maximum of two lines.

1. Name

Title

Address, City, State, Zip

Phone Number

Relationship to Applicant

2. Name

Title

Address, City, State, Zip

Phone Number

Relationship to Applicant

3. Name

Title

Address, City, State, Zip

Phone Number

Relationship to Applicant

4. Name

Title

Address, City, State, Zip

Phone Number

Relationship to Applicant

5. Name

Title

Address, City, State, Zip

Phone Number

Relationship to Applicant

Writing Sample

Please construct response statements to the questions below. Please use the style and form with which you are most comfortable. While space is provided for your answers, candidates are invited to attach additional sheets if necessary.

- 1. Our community is expecting the successful candidate to demonstrate outstanding leadership skills. Please explain what that means to you.**

If you need more space, please continue as a separate document and indicate the question it applies to. Please attach all additional materials when submitting.

2. In order to lead, people must follow. Tell about a time when you were unable to motivate others to support your vision, providing examples of times when you experienced this problem and what specific steps you took to remedy the situation.

If you need more space, please continue as a separate document and indicate the question it applies to.
Please attach all additional materials when submitting.

Waiver and Release for Applicant Background Check

By signing below, I , hereby authorize Washington-Saratoga-Warren-Hamilton-Essex BOCES (hereafter known as WSWHE BOCES) acting on behalf of the Queensbury Union Free School District to verify and investigate all statements I have made on the employment application, related papers and in interviews. I authorize WSWHE BOCES 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 Queensbury Union Free School District.

By typing your name here, you agree that this serves as your electronic signature.

Electronic Signature

Date

Applicant's Statement

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

By typing your name here, you agree that this serves as your electronic signature.

Electronic Signature

Date

If applying electronically, please save this application and send as an attachment.