

WINDSOR CENTRAL SCHOOL DISTRICT
SUPERINTENDENT'S OFFICE
215 MAIN STREET
WINDSOR, NEW YORK 13865
PHONE (607) 655-8216

ADMINISTRATIVE APPLICATION

Position Applied for: _____
Date Submitted: _____

PERSONAL INFORMATION

Name: _____	
Present Address: _____	Phone: () _____
Home Address: _____	Phone: () _____
Social Security #: _____	NYS Teachers' Retirement # _____ (if applicable)

THE MISSION OF THE WINDSOR CENTRAL SCHOOL DISTRICT IS TO CREATE A STIMULATING ENVIRONMENT WHERE STUDENTS ARE INDEPENDENT LEARNERS AND GROW TO BECOME SUCCESSFUL CITIZENS.

THIS ENVIRONMENT IS CREATED BY A CHALLENGING, INTEGRATED CURRICULUM DELIVERED BY A CARING AND COMPETENT STAFF.

The Windsor Central School District is Guided by New York State Human Rights Law in Employment Practices and Procedures

PROFESSIONAL PREPARATION

<u>Name/Location of Institution:</u>	<u>Major/Minor</u>	<u>Degree</u>	<u>Graduation Date</u>
<u>UNDERGRADUATE:</u> (please enclose transcripts)			

<u>GRADUATE:</u> (please enclose transcripts)			

List all the certificates you have earned in Education: (please enclose copies)			
<u>Title of Certificate</u>	<u>Date Issued</u>	<u>Expiration Date</u>	<u>Valid in State of:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADMINISTRATIVE AND/OR TEACHING EXPERIENCE

List all experience in chronological order. Include any administrative, internship, and teaching experience.

<u>Institution/Address</u>	<u>Specific Title of Position</u>	<u>Start Date/End Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What has prompted your decision to make application to this School District? _____

Why do you wish to leave your present position? _____

Have you ever been convicted of a criminal offense, other than a minor traffic infraction? _____

If yes, please explain (with dates):

REFERENCES

(3 required)

State the names of persons who, during the past five years, are knowledgeable as to your educational experiences. May we contact these people now? _____ .

Name/Title _____
Institution _____
Address _____
Phone (H) () _____
(W) () _____

Name/Title _____
Institution _____
Address _____
Phone (H) () _____
(W) () _____

Name/Title _____
Institution _____
Address _____
Phone (H) () _____
(W) () _____

Name/Title _____
Institution _____
Address _____
Phone (H) () _____
(W) () _____

"I understand that the Windsor Central School District will be making an extensive inquiry regarding my background and experience, and I hereby release from any liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by you regarding my application will be the property of the School District and will not be released to me unless required by Federal or State statutes or regulations."

_____ Date

_____ Applicant's Signature

FOR SCHOOL USE ONLY

ADDITIONAL INFORMATION:

INTERVIEW DATE: _____

INTERVIEWER'S COMMENTS:

REFERENCES CHECKED:

1. _____

2. _____

3. _____