

APPLICATION FOR SUPERINTENDENT OF SCHOOLS

Greene Central School District

DIRECTIONS

1. Please complete application form and forward it, with your letter of application, to the person listed on the back of this form. **Do not indicate "see attached vita or materials."**
2. Have your College Placement Office forward your credentials immediately.
3. You are invited to add or attach any additional information which will assist us in our evaluation.
4. Applicants are asked not to contact members of the Board of Education except as they may be requested to do so.
5. Applications may be downloaded for completion and signature, go to www.dcmoboces.com/supersearch.

BACKGROUND INFORMATION – Please Print or Type

Last Name _____ First _____ Middle _____

Present Position _____

Business Phone () _____ Home Phone () _____ E-mail Address _____

Business Address _____ Home Address _____

_____ Zip Code _____ Zip Code _____

Number of People Reporting to You _____

Size of Your School District (# of students) _____ Your Annual Budget _____

Present Salary _____ Certificates Held _____

Do you have any physical, medical or mental disability that could limit the performance of your duties?

If yes, please describe.

Have you ever been convicted of a criminal violation, excluding minor traffic offenses?

If yes, please explain.

PROFESSIONAL EDUCATION

	Institution	Major	Degree	Date
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Undergraduate _____

Graduate _____

REFERENCES

Please list the names of five persons who know of your professional work and qualifications.

Name	Position	Address	Office Phone	Home Phone
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I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature Date

I have requested my placement file be forwarded from _____
Institution

MAILING INSTRUCTIONS

University placement credentials, completed application forms and all supporting materials should be mailed to:

Perry T. Dewey III District Superintendent
DCMO BOCES
6678 County Road 32
Norwich, NY 13815-3554
Office: 607-335-1233
Fax: 607-334-9848
E-mail: deweyp@dcmoboces.com