

Ellicottville Central School 5873 Route 219 Ellicottville, NY 14731 www.eville.wnyric.org



The Ellicottville CSD is an equal opportunity/affirmative action employer

INSTRUCTIONS FOR APPLYING: Please send a letter of interest outlining your qualifications and resume along with this completed and signed application form. The application should also include a minimum of three (3) professional letters of recommendation, an updated college placement folder, college transcripts, and a copy of your New York State Certification. Please forward everything to the following address no later than Friday, June 2, 2017.

Melissa Sawicki District Clerk/Superintendent's Secretary Ellicottville Central School 5873 Route 219 Ellicottville, NY 14731

Personal Information

NAME					
Last Name		First Name	e		Middle
Other name(s)					
	(Please provide any	additional info	ing maiden nan	iden name, change of name)	
HOME MAILING ADDRES	S				
Street		City/State/Zip	Code		Telephone Number
PRESENT POSITION					
Name of Institution		Job Title		Sc	hool District Enrollment
City/State/Zip Code		Business Nu	mber		Current Salary
Annual Budget	Pers	sonnel Respons	sible to You		No. of Teachers/Others
Are you a U.S. citizen or eligible	to work in the U.S.	? O Yes	O No		
Have you ever been convicted o	f a crime? O Y	es O No			
Have you ever been dismissed of	or asked to resign fr	om any positio	n? O Yes	O No	
If you answered yes to either of	the last two questio	ns, please atta	ch an explanati	on to this applic	cation.

CERTIFICATION (List All Certificates)					
TITLE OF CERTIFICATE CERTIFICATE VALID IN DATE DATE NUMBER STATE OF ISSUED EXPIRES					

PROFESSIONAL PREPARATION

UNDERGRADUATE					
INSTITUTION LOCATION DATES NATURE OF STUDIES DIPLOMA/DEGREE DATE GRANT Major/Minor					DATE GRANTED

GRADUATE						
INSTITUTION	INSTITUTION LOCATION DATES NATURE OF Major/Minor DATES STUDIES DIPLOMA/DEGREE DATE GRANT					

SUMMARIZE GRADUATE WORK BEYOND THE HIGHEST EARNED OR GRADUATE WORK NOT LEADING TO A DEGREE					
INSTITUTION	LOCATION	DATES	INDICATE MAJOR CONCENTRATIONS	CREDITS	ADDITIONAL INFORMATION
SCHOLASTIC HONORS					
PROFESSIONAL MEMBERSHIPS					

RELATED PROFESSIONAL EXPERIENCE

(Educational travel, lectures, addresses, publications, organizational memberships, committee chairs or memberships, participation in educational experiments, innovations, special programs, elective positions held, community and social services, scouting, recreation etc.

WORK EXPERIENCE BASED ON CERTIFICATE/LICENSE

DATES EMPLOYED	EMPLOYER'S NAME AND ADDRESS	NATURE OF POSITION/SALARY	REASON FOR LEAVING

OTHER WORK EXPERIENCE

DATES EMPLOYED	EMPLOYER'S NAME AND ADDRESS	NATURE OF POSITION/SALARY	REASON FOR LEAVING

PHILOSOPHY STATEMENTS/WRITING SAMPLES

You may respond to the statements below in the manner, style and technique of your choice. Please attach your reply on a sheet of 8 1/2" x 11" paper.

- 1. Explain why you want to be the MS/HS Principal at Ellicottville Central School and why we should hire you for this position.
- 2. How would your previous experience and knowledge allow you to become an integral member of the administrative team and an educational leader at Ellicottville Central School?

PERSONAL REFERENCES					
List the names of four (4) persons (two of which are not listed in your placement files) who, during the past five (5) years, are knowledgeable as to your educational or other experiences					
NAME	TITLE	ADDRESS	TELEPHONE		

INDEMNIFICATION

I hereby certify that the above information, together with any additional information furnished in conjunction with this application, is furnished for the purpose of gaining employment, and is true to the best of my knowledge and belief. I understand that such information shall be the basis of me being considered for employment, and that false statements may result in my application not being considered or my dismissal from future employment.

Authorization is hereby given to Ellicottville Central School District to obtain reference checks from any of the named sources in this application and the sources to release information if requested by Ellicottville Central School District.

I understand that the school district will be making an extensive inquiry regarding my background and experiences 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. I understand that the information gathered, in part or whole, may be shared with members of the school district involved in the search process. 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.

The Ellicottville Central School District, in compliance with Title IX of the Education Amendments of 1972 and Regulation 504 of the Rehabilitation Act 1973, does not discriminate on the basis of race, creed, color, gender, age, national origin, disability, gender identity or expression, genetic information or testing, veteran status, sexual orientation or other protected class per law.

Signature of Applicant

Date

Willful misrepresentation of an actual fact may result in dismissal of applicant hired or retained by the school district. An equal opportunity/affirmative action employer.