

**NEW YORK STATE LEADERSHIP GROUP  
ELLCOTTVILLE CENTRAL SCHOOL DISTRICT  
APPLICATION FOR SUPERINTENDENT OF SCHOOLS**

**DIRECTIONS:**

1. This application should be filled in online or emailed to [chrstrw@buffalostate.edu](mailto:chrstrw@buffalostate.edu). Print and sign the application and disclosure/consent form. Forward both documents with your letter of application to the person listed. Do not indicate “see attached vita or materials.”
2. The application materials may also be hard copy mailed to: Robert W. Christmann, Executive Director, Ellicottville Central School District, New York State Leadership Group, Buffalo State University, 306 Bacon Hall, 1300 Elmwood Avenue, Buffalo, NY 14222
3. You are invited to add or attach any additional information that 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. Please note a November 15, 2024 application deadline.

**PROFESSIONAL/PERSONAL INFORMATION**

Name: \_\_\_\_\_

Work email: \_\_\_\_\_

Personal email: \_\_\_\_\_

Home address: \_\_\_\_\_

Business address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Office phone number: \_\_\_\_\_

Current employer: \_\_\_\_\_

Current position: \_\_\_\_\_

Years in position: \_\_\_\_\_

Enrollment: \_\_\_\_\_

Number of staff: \_\_\_\_\_

Annual budget: \_\_\_\_\_

**GRADUATE COLLEGES AND/OR UNIVERSITIES**

Name and Location	Major	Degree	Date Conferred

**UNDERGRADUATE COLLEGES AND/OR UNIVERSITIES**

Name and Location	Major	Degree	Date Conferred

**CERTIFICATIONS**

Type	State	Certification Number	Expiration Date

**ALL ADMINISTRATIVE EXPERIENCES** *(Most recent first)*

<b>Dates Employed</b>	<b>Position Title</b>	<b>School District/Organization Name</b>	<b>Address Phone Number</b>	<b>Enrollment</b>

**CLASSROOM TEACHING EXPERIENCE** *(Most recent first)*

<b>Subject Grade</b>	<b>School/District</b>	<b>Address Phone Number</b>	<b>Dates Employed</b>	<b>Immediate Supervisor</b>

**NON EDUCATIONAL EXPERIENCE**

<b>Firm</b>	<b>Type of Work</b>	<b>Address Phone Number</b>	<b>Dates Employed</b>	<b>Immediate Supervisor</b>

**PROFESSIONAL REFERENCES** *(Do not include any subordinates)*

	Reference #1	Reference #2
Name		
School /District/Organization		
Home Phone		
Cell Phone		
Work Phone		
Mailing Address		
Email		
Relationship to Candidate		
Years known Candidate		

	Reference #3	Reference #4
Name		
School/ District/Organization		
Home Phone		
Cell Phone		
Work Phone		
Mailing Address		
Email		
Relationship to Candidate		
Years known Candidate		

	Reference #5	Reference #6
Name		
School/ District/Organization		
Home Phone		
Cell Phone		
Work Phone		
Mailing Address		
Email		
Relationship to Candidate		
Years known Candidate		

## Disclosure and Consent Form

As an applicant for the position of Superintendent of the ELLICOTTVILLE CENTRAL SCHOOL DISTRICT, I hereby assert, consent to and acknowledge the following:

1. I possess valid professional certification to be a Superintendent of Schools in New York State. (Attach Copy)
2. I understand the Board of Education, and/or consultant may retain a private firm to conduct a thorough check of my background, including an investigation of my criminal, driving, and financial history. I consent to this procedure and I will cooperate by providing such personal information as may be required.
3. I authorize the Board of Education and/or the New York State Leadership Group search team (the search consultant the Board has retained), to contact personal and professional references, including those with whom I have given specific prior approval.
4. If the answer is "YES" to any of the following questions, please provide additional detailed information:
  - a. Have you been convicted of a crime within the past 7 years?  
 Yes                       No
  - b. Have you ever served in the U.S. Armed Forces?  
 Yes                               No
  - c. Have you ever been known by any other name(s)?  
 Yes                               No
  - d. Have you ever been dismissed from a position, had disciplinary charges preferred against you, or been denied or had professional licensure revoked?  
 Yes                               No
  - e. Are there any other aspects of your personal or professional history or prior job performance that are pertinent to your potential employment as school superintendent of ELLICOTTVILLE CENTRAL SCHOOL DISTRICT?
5. I hereby indemnify, release and forever discharge and hold the ELLICOTTVILLE CENTRAL SCHOOL DISTRICT and its officer, agents and employees, the New York State Leadership Group as well as all third parties supplying such information, harmless from any and all claims, demands, judgment and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.
6. I hereby affirm that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers, and that the entries are complete and correct to the best of my knowledge and belief. I acknowledge that any misrepresentations, omissions or falsifications might be grounds for rejection of my application or dismissal if employed for this position.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

The New York State Leadership Group LLC is an Equal Opportunity Employer