

Application for Administrator

MADRID-WADDINGTON CENTRAL SCHOOL

P.O. Box 67, 2582 State Highway 345
Madrid, New York 13660
315-322-5746, Ext. 35221

Provide the following to the Superintendent's Office at address listed above:

- MWCS Application
- Resume, with cover letter and three letters of recommendation
- Request official college transcripts, to be forwarded as soon as possible.
- Copies of all educational certifications

I. BACKGROUND INFORMATION

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(Last Name) (First Name) (Middle)

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(Street) (City) (State) (Zip)

Email address: _____ Telephone: _____ Cell: _____

U.S. Citizen: Yes / No

Have you completed the Fingerprint Clearance process with State Education Department? Yes / No

Are you a member of the NYS Teachers' Retirement System? Yes / No If yes, provide membership number: _____.

Have you been a member of the Armed Forces of the United States? Yes _____ No _____

Branch _____

Would you wish to have your application shared with other employers? Yes _____ No _____

II. EDUCATIONAL BACKGROUND: Please list all secondary schools, colleges, and universities attended.

School /College/University

Location

Degree

List honors or recognitions received: _____

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List your college extracurricular activities: _____

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III. New York State Certification:

Initial/Provisional:

(Date)

(Title)

(Expiration)

Professional/Permanent:

(Date)

(Title)

(Expiration)

IV. RECORD OF EMPLOYMENT. Please give names of employers, addresses, telephone numbers, dates of employment, and title or position while you were there. Please list most recent position first. Do not include part time or summer employment unless you consider it significant. It is important that this record of employment account for all substantial periods of time. Please feel free to list on a separate sheet if necessary.

Position

Dates of
Employment

Employer

Employer's
Address

Telephone
Number

V. On an attached sheet, please give a candid description of yourself, stressing those personal qualities, assets, and abilities, which you feel characterize your work in your present position. Please describe any experiences which you feel have significantly contributed to your abilities for the position you are seeking and any matter, other than the items of information already requested, which you believe will be of significant value to us.

VI. Please list any personal or professional characteristics and features about you, not already included on this application, that you feel are important and that represent you beneficially on this application.

VII. REFERENCES. Please list the names, addresses, and telephone numbers of three people (not relatives) whom we may contact regarding your abilities and your work. Also, please attach to this application three letters of recommendation from other references not listed below.

Name Address Telephone Nature of Association

VIII. INFORMATION FOR THE APPLICANT: *Your Application:* We appreciate the time and interest you have taken making this application to Madrid-Waddington Central School District. If you have other questions concerning employment in Madrid-Waddington Central School District or the community itself, we will make every effort to answer them for you.

Minimum Preparation: A Master's Degree and Initial New York State School Building Leader Certification are required for securing employment as a building level administrator at Madrid-Waddington Central School District.

Certification: The individual assumes the responsibility for obtaining and renewing certification. Certification must be confirmed with the Superintendent of Schools when appointed to a position. Information on the requirements for certification and application forms may be obtained from our website www.mwcsk12.org

IX. Madrid-Waddington Central School is an Equal Opportunity Employer. Mr. Eric Burke is the Compliance Officer for Title IX. Any inquiries regarding compliance with Title IX should be directed to the Compliance Officer, Madrid-Waddington Central School, PO Box 67, Madrid, New York 13660 (315-322-5746), or through the Director of the Office of Civil Rights, Department of Health, Education and Welfare, Washington, D.C. I understand, should I be employed by the Madrid-Waddington Central School District either on a permanent or substitute basis, that I will be informed of my rights to join the New York State Retirement System. I authorize the Madrid-Waddington Central School District to investigate all statements in this application and to secure all appropriate information from all my employers, references, academic institutions, and from governmental departments and agencies. I do hereby authorize such employers, references, academic institutions, and governmental departments and agencies to release such information and I do hereby release all of those employers, references, academic institutions, and the Madrid-Waddington Central School District from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the Madrid-Waddington Central School District.

DATE

SIGNATURE

Please do not write below this line

Application received:

Comments/Notes: _____