



WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

Application for Appointment as Superintendent of Schools

Please complete the application (do not indicate "see attached resume") and forward with your letter of interest and all supporting materials by May 10, 2019 to:

William J. Hecht, District Superintendent
Consultant, Washingtonville Central School District
Orange-Ulster BOCES
53 Gibson Road
Goshen, NY 10924-9777

I. PERSONAL INFORMATION:

(Last Name) (First) (Middle)

Home Address: Number and Street

City State Zip Code

Home Telephone

Mobile Telephone

II. PRESENT POSITION: _____

School/Business

Business Address: Number and Street

City State Zip Code

Business Telephone

Length of Time in Present Position: _____

Present Salary: _____

Length of Current Contract: _____

Number of Certified Staff: _____

Number of Classified Staff: _____

Number of Students: _____

School District Annual Budget: _____

V. PROFESSIONAL ORGANIZATIONS AND OFFICES HELD:

<u>Organization</u>	<u>Office</u>	<u>From/To</u>

VI. HONORS, AWARDS, ACCOMPLISHMENTS, PUBLICATIONS, MAJOR ADDRESSES:

<u>Award/Contribution</u>	<u>Location</u>	<u>Date</u>

VII. COMMUNITY ACTIVITIES:

List any significant memberships or activities in community or civic organizations:

<u>Activity</u>	<u>Organization</u>	<u>Office</u>	<u>From/To</u>

VIII. REFERENCES:

Name	Title	Address	Office Telephone#	Home Telephone#
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Limitations on Contact of References: _____

I have requested that my confidential file be forwarded from: _____

I certify that the information listed on this application is accurate and true.

Date

Signature

