

APPLICATION FOR THE POSITION OF  
**SUPERINTENDENT OF SCHOOLS**



**Westfield Academy & Central School District**

Westfield, New York  
County of Chautauqua

# Superintendent Employment Application

Submit the following to the search consultant: letter of intent clearly stating your interest in the superintendency and specific qualifications for the position (NYS SDA, SDL, or equivalent out-of-state certification), completed application form, concise resume, college/university credential folder, official transcripts, and three letters of reference. Please request that your college/university placement office forward your credentials and official transcripts as soon as possible. You are invited to write about achievements that you look upon with pride. Attach selected supportive materials with your letter of intent. Please fill out the entire application in detail as the form will be separated from other papers during the process.

## Personal Information:

\_\_\_\_\_  
Last Name First Middle Initial

\_\_\_\_\_  
Home Address Home Phone w/Area Code

\_\_\_\_\_  
Preferred Email Address Cell Phone w/Area Code

## Return to Search Consultant:

David O'Rourke, Ph.D.  
District Superintendent & Chief Executive Officer  
Erie 2-Chautauqua-Cattaraugus BOCES  
8685 Erie Road  
Angola, NY 14006

## Inquiries:

Phone: (716) 549-4454, ext. 4029  
Email: dorourke@e2ccb.org

Applicants should not contact members of the Westfield Academy Board of Education or school district personnel. All inquiries must be directed to Dr. O'Rourke.

**Application Filing Deadline:**  
**Friday, April 11, 2025**



*The Westfield Academy and Central School District does not discriminate on the basis of race, color, national origin, weight, ethnic group/ethnicity, religion, religions practice, disability/handicap, sex, sexual orientation, gender (which includes a person's actual or perceived sex), gender identity, gender expression, age, creed, military/veteran status, predisposing genetic characteristics, marital status, or domestic violence victim status.*

# Education & Professional Preparation:

## High School & Location

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College Institution & Location	Degree Earned	Major/Minor	Sem. Hrs.	Date

Certification / Title	State	Date Issued	Expiration Date

Have you completed the Superintendent Development Program (SDP)?       Yes    No    No, but currently enrolled

## Tenure Status

Were you ever appointed to tenure in a public school district in New York State?    Yes    No   If yes, complete:

Tenure area: \_\_\_\_\_

Date tenure granted: \_\_\_\_\_

Name and address of school district where tenure was granted: \_\_\_\_\_

\_\_\_\_\_

*If you were appointed to tenure in other district(s) and/or tenure area(s), please attach that information to the application.*

*It is the applicant's responsibility to have official college transcripts, credential file, and copy of certification(s) forwarded to the search consultant.*

## Current Employment:

Employer: \_\_\_\_\_ Business Phone w/Area Code: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_

Immediate Supervisor, Title, and Phone: \_\_\_\_\_

May we contact for reference?  Yes  No  Later

School District Enrollment: \_\_\_\_\_ Annual Budget: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_

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## Previous Employment:

Employer: \_\_\_\_\_ Business Phone w/Area Code: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Immediate Supervisor, Title, and Phone: \_\_\_\_\_

May we contact for reference?  Yes  No  Later Reason for Leaving: \_\_\_\_\_

School District Enrollment: \_\_\_\_\_ Annual Budget: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_ Business Phone w/Area Code: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Immediate Supervisor, Title, and Phone: \_\_\_\_\_

May we contact for reference?  Yes  No  Later Reason for Leaving: \_\_\_\_\_

School District Enrollment: \_\_\_\_\_ Annual Budget: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_

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Employer: \_\_\_\_\_ Business Phone w/Area Code: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Immediate Supervisor, Title, and Phone: \_\_\_\_\_

May we contact for reference?  Yes  No  Later Reason for Leaving: \_\_\_\_\_

School District Enrollment: \_\_\_\_\_ Annual Budget: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_

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*Should you require more space, please attach additional pages to the application.*

## Military Experience:

Branch of Service: \_\_\_\_\_ Rank/Specialty: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Did you have anything other than an honorable discharge?  Yes  No

If you answered yes, you will not necessarily be disqualified as an applicant for employment. Please explain below:

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## Additional Information:

Have you ever been convicted of a crime (misdemeanor and/or felony)?  Yes  No

Are any criminal charges or proceedings pending against you?  Yes  No

Have you ever been dismissed from a position?  Yes  No

Have you ever resigned from a position to avoid a denial of tenure?  Yes  No

Have you ever resigned as an alternative to facing any type of charges or dismissal?  Yes  No

Have you ever been found guilty of charges pursuant to New York State Education Law 3020-a?  Yes  No

Have you ever been the subject of a Part 83 notification to the NYS Education Department?  Yes  No

Have you ever had a teaching/administrative certificate revoked or suspended?  Yes  No

If you answered yes to any of the above, you will not necessarily be disqualified as an applicant. Please explain below:

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Are you able to perform the essential functions of this position with or without reasonable accommodations?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

If employed, you will be asked to produce two original forms of identification.

## References:

Please provide five (5) individuals who may be contacted to provide a reference on your professional performance, professional demeanor, and/or professional achievements. These must include an administrator who has worked or currently works for you, a board member, a president of a local bargaining unit, and a prominent community member. Please do not state "see resume or placement folder."

**Administrator:** \_\_\_\_\_ Dates Known: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone w/Area Code: \_\_\_\_\_ Home Phone w/Area Code: \_\_\_\_\_

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**Board Member:** \_\_\_\_\_ Dates Known: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone w/Area Code: \_\_\_\_\_ Home Phone w/Area Code: \_\_\_\_\_

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**Bargaining Unit President:** \_\_\_\_\_ Dates Known: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone w/Area Code: \_\_\_\_\_ Home Phone w/Area Code: \_\_\_\_\_

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**Prominent Community Member:** \_\_\_\_\_ Dates Known: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone w/Area Code: \_\_\_\_\_ Home Phone w/Area Code: \_\_\_\_\_

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**Other Reference:** \_\_\_\_\_ Dates Known: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone w/Area Code: \_\_\_\_\_ Home Phone w/Area Code: \_\_\_\_\_

## Waiver and Release for Applicant Background Check:

By signing below, I hereby authorize Erie 2-Chautauqua-Cattaraugus BOCES and the Westfield Academy Board of Education to verify and investigate all statements I have made on the employment application, related papers, and in interviews, and I further waive the right of access to any information submitted by these references. I authorize the BOCES to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all legal liability or damage for disclosing any information about me.

I do hereby affirm that all statements and materials submitted by me are true and complete. I understand that any false or inaccurate statements will be considered justification for disqualification of my application or termination of my employment, if discovered at any time after employment has commenced. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment by the Westfield Academy and Central School District.

### Applicant's Statement:

I certify that all statements herein are true, accurate and complete, and I understand that any false, misleading, or willful omissions shall be just cause for dismissal or refusal of employment.

I understand that Erie 2-Chautauqua-Cattaraugus BOCES, acting on behalf of the Westfield Academy and Central School District (hereafter known as "the District") will thoroughly investigate my work and personal history and verify all data given on this application, related papers, and in interviews.

I authorize all individuals, schools and employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability or damage for disclosing information about me.

I understand that I am not guaranteed employment by merely completing this application and even if I am hired by the District, this document is not to be considered a contract for employment. If I am chosen for employment by the District, I agree to conform to its rules and regulations as set forth in the Employee Handbook and/or policies, and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the District at any time at the District's sole discretion without prior notice to me.

Pursuant to the School Finger Printing Law (2000 New York Laws, Chapter 180), I understand that I will not be eligible for employment by the District if the New York State Education Department does not clear me for employment after my fingerprints are reviewed by the Division of Criminal Justice Services.

If requested by the District in connection with this application and if given a bona fide offer of employment, I agree to take a medical examination in accordance with District policies. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

This employment application will be valid for one (1) year from the date it is received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date