



NIAGARA CATHOLIC
DISTRICT SCHOOL BOARD

APPLICATION FOR ADMINISTRATIVE POSITION

427 RICE ROAD, WELLAND, ONTARIO, L3C 7C1 TELEPHONE (905) 735-0240 FAX (905) 735-9710

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of The Education Act. and will be used for the purposes of determining suitability, eligibility and qualifications for employment with the Board.

POSITION APPLIED FOR

PRINCIPAL

Elementary

Secondary

VICE PRINCIPAL

Elementary

Secondary

1. The "RECOMMENDATION FORM" included with this application is to be forwarded by the candidate to the appropriate superordinate who will subsequently send it to the Superintendent of Education - Human Resources Department
2. The candidate is to forward the completed application form to the Superintendent of Education - Human Resources Department

PERSONAL RECORD

NAME

SURNAME

FIRST

MIDDLE

PRESENT ADDRESS

NO.

STREET

APT. NO.

TELEPHONE ()

CITY

PROVINCE

POSTAL CODE

ARE YOU ASSESSED AS A SEPARATE SCHOOL SUPPORTER WHERE YOU RESIDE:

YES

NO

RELIGIOUS DENOMINATION

PRESENT LOCATION

ACADEMIC QUALIFICATIONS

DEGREE

UNIVERSITY

DATE

DEGREE

UNIVERSITY

DATE

DEGREE

UNIVERSITY

DATE

PROFESSIONAL QUALIFICATIONS

ONTARIO CERTIFICATE OF REGISTRATION _____ UNIVERSITY/COLLEGE _____ DATE _____

ADDITIONAL MINISTRY QUALIFICATIONS

COURSE

COURSE

COURSE

COURSE

COURSE

COURSE

PRINCIPAL'S QUALIFICATIONS

COURSE

DATE

COURSE

DATE

EDUCATIONAL EXPERIENCE

NUMBER OF YEARS: WITH N.C.D.S.B./PREDECESSOR BOARDS _____ WITH OTHER BOARDS _____

GRADES/SUBJECTS TAUGHT:

YEARS BOARD _____

YEARS BOARD _____

YEARS BOARD _____

POSITIONS OF RESPONSIBILITY (i.e. Resource Teacher, Department Head)

YEARS _____ YEARS

YEARS _____ YEARS

SPECIAL INTERESTS/INVOLVEMENTS OUTSIDE OF EDUCATION

HAVE YOU DISCUSSED THIS APPLICATION WITH YOUR SUPERORDINATE? YES NO

REFERENCES	PLEASE INCLUDE NAMES OF FIVE POTENTIAL SITE REFERENCES		
NAME	POSITION	ADDRESS	PHONE

PLEASE INCLUDE :

1, Ontario Certificate of Qualification	4, Recent Performance Appraisal
2, A recent letter of reference from your Parish Priest	5, Annual Growth Plan
3, A one page statement of philosophy of Catholic Education which outlines past experiences and personal examples of commitment to Catholicism	

PREFERRED QUALITIES/EXPERIENCES	<i>Please provide examples from your professional experience which would indicate the following:</i>
1. TEACHING EXCELLENCE	
2. INSTRUCTIONAL LEADERSHIP	
3. INTERPERSONAL SKILLS	
4. LEADERSHIP ON A SYSTEM-WIDE BASIS:	

5. LEADERSHIP IN A POSITION OF "RESPONSIBILITY" OR "ADDED RESPONSIBILITY", SUCH AS RESOURCE TEACHER, DEPARTMENT HEAD, TEACHER IN CHARGE, OR CURRICULUM

6. LEADERSHIP IN COMMUNITY OR PARISH ORGANIZATIONS

7. LEADERSHIP IN PROFESSIONAL EDUCATION ORGANIZATION SUCH AS TEACHERS' FEDERATION OR SUBJECT/SPECIALTY ORGANIZATIONS

8. INVOLVEMENT IN EXTRA-CURRICULAR STUDENT ACTIVITIES

9. TEACHING EXPERIENCE IN A MINISTRY OF EDUCATION, FACULTY OF EDUCATION COURSE OR STAFF DEVELOPMENT CAPACITY



NIAGARA CATHOLIC
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REQUEST FOR RECOMMENDATION FORM

(FROM APPLICANT'S IMMEDIATE SUPERVISOR OR
SUPERINTENDENT OF EDUCATION)

427 RICE ROAD, WELLAND, ONTARIO, L3C 7C1 TELEPHONE (905) 735-0240 FAX (905) 735-9710

The following information is CONFIDENTIAL to the Selection Committee only

APPLICANT'S NAME	APPLICATION FOR: <input type="checkbox"/> PRINCIPAL ELEM. <input type="checkbox"/> SEC. <input type="checkbox"/> <input type="checkbox"/> VICE PRINCIPAL ELEM. <input type="checkbox"/> SEC. <input type="checkbox"/>
POSITION	
LOCATION	

LEADERSHIP QUALITIES (Please Comment)	Rating: 1 ^{low} 2 3 4 5 6 7 8 9 ^{high} 10
1. LEADERSHIP IN THE CATHOLIC COMMUNITY	
2. LEADERSHIP IN EDUCATION	Rating: 1 ^{low} 2 3 4 5 6 7 8 9 ^{high} 10
3. LEADERSHIP IN ADMINISTRATION	Rating: 1 ^{low} 2 3 4 5 6 7 8 9 ^{high} 10
4. LEADERSHIP IN THE SCHOOL COMMUNITY	Rating: 1 ^{low} 2 3 4 5 6 7 8 9 ^{high} 10

SPECIAL STRENGTHS OBSERVED OVER THE PAST FIVE (5) YEARS

WOULD YOU APPOINT THIS APPLICANT TO THE POSITION? _____

_____ SIGNATURE OF IMMEDIATE SUPERVISOR/SUPERINTENDENT OF EDUCATION	_____ DATE
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