

# Application for **SUPERINTENDENT OF SCHOOLS**



Buffalo City School District  
712 City Hall  
65 Niagara Square  
Buffalo, NY 14202



Please submit this completed, signed application (with input ready fields) along with a current resume, copies of all certificates earned in education, college placement folder containing academic transcripts, a minimum of four references and four written letters of recommendation. It is the applicant's responsibility to forward all materials to the search consultant prior to the closing date.

**Michael Capuana, Ed.D.**  
District Superintendent/CEO



**E1BDS@e1b.org**

**355 Harlem Road • West Seneca, NY 14224**

**Attn: Buffalo City School District Superintendent Search**

***No Later than May 19, 2025***

Buffalo City School District is an equal opportunity employer in compliance with all applicable laws including New York State Human Rights Law, Title IX, Title VII of the Civil Rights Act of 1964, the Equal Employment Opportunity Law, and section 504 of the Rehabilitation Act. Buffalo City School District does not discriminate against any person on the basis of age, race, color, creed, national origin, marital status, religion, sex, sexual orientation, military/veteran status or disability.

**Personal Data:**

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

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

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (business) \_\_\_\_\_ (cell)

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

Present Position: \_\_\_\_\_

School District Size (student population): \_\_\_\_\_

Type of District: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Budget: \_\_\_\_\_  
(e.g. City, Central, UFSD, etc.)

Number of People Reporting Directly to You: \_\_\_\_\_

BOCES District (if applicable): \_\_\_\_\_

**Professional Preparation:** *(Undergraduate, Graduate Studies, Post Graduate)*

Institution	Major/Minor	Degree

*List all certificates which you have earned in education (**PLEASE ENCLOSE COPIES**):*

Title of Certification	Date Issued	Type	State Valid In

**Please Note:** If you need additional space for accomplishments, special interests, etc., there are blank pages at the end of this file to use.



**Administrative Experience:** *(most recent first)*

Title	Employer Contact Information	Supervisor/Reference Name and Contact Information	Dates Employed

**Teaching Experience:** *(most recent first)*

Subject/Name	Employer Contact Information	Supervisor/Reference Name and Contact Information	Dates Employed

**Other Work Experience:** *(most recent first)*

Organization	Address & Phone	Type of Work	Dates Employed	Immediate Supervisor

**Accomplishments:** *List professional accomplishments as they relate to this position.*

**Special Interests:** *Community Affiliations - Professional Affiliations as they relate to this position.*

*(Affiliations which may reveal race, creed, color, national origin, marital status, disability or age are not required)*

**References:** *Provide at least four (4) references. These references should be people qualified to provide information describing your abilities for the position of Superintendent of Schools. (See page 1 for written reference and recommendation requirements.)*

Name	Present Address	Business Phone	Home Phone

**Vision:** What is your view of the role of the Superintendent of Schools?



### Additional Personal Information:

- Are you a citizen of the U.S. or legally authorized to remain and work in the U.S.?  Yes  No

*For the questions below if you answered yes please explain on a separate sheet, included at the end of this application.*

- Have you ever served in the United States Armed Forces?  Yes  No  
If yes, list branch \_\_\_\_\_ Dates of Service \_\_\_\_\_ to \_\_\_\_\_.  
If yes, did you receive a dishonorable discharge?  Yes  No
- Have you ever been convicted of a crime?  Yes  No
- Are there currently any arrests or criminal accusations pending against you?  Yes  No
- Have you ever been the subject of a report for child abuse, maltreatment or neglect?  Yes  No
- Have you ever been released from employment, asked to resign from employment and/or denied permanent status/tenure?  Yes  No
- Are you a relative of any board member, administrator or other employee of the school district to which you are applying?  Yes  No  
If yes, Name \_\_\_\_\_ Position \_\_\_\_\_ Relationship \_\_\_\_\_

### Consent, Waiver and Release: *Applicant's Signature and Date*

By signing below, I hereby authorize the Buffalo City School District, the consultant Michael Capuana, Ed.D. and his duly authorized representatives to verify and investigate all statements and information I have provided on this application, related documents and in interviews.

I acknowledge that all material, information, and/or other data obtained, collected or sought during the search process that directly pertains to me is the property of the Buffalo Public School District and may be shared between the district and the district's consultant, Michael Capuana, Ed.D. and his duly authorized representatives engaged in the search proceedings. This information may be the subject of inquiry by the consultant to the extent permitted by federal, state or local law as he/she conducts a study of the background, experience and educational activities of the candidates. Accordingly, I agree to release, discharge and hold harmless from any and all liability, claims, charges or causes of action to the extent permitted by law, those persons providing information about me to the district, the consultant and his/her duly authorized representatives so long as the information is related to the responsibilities, duties and/or functions of the position for which I have applied, and/or has been requested for the purpose of confirming all statements contained in this application, my resume and/or other supporting documents I have provided to the district and/or the consultant. I hereby release, discharge and hold harmless from any and all liability, claims, charges or causes of action to the extent permitted by law, the consultant and his/her duly authorized representatives for seeking such information. I understand that none of the information noted above will be available to me except as may be required under state or federal laws or regulations.

I certify that all the information on this application, my resume and/or any supporting documents is and will be complete and accurate to the best of my knowledge. I also understand that any falsification, misrepresentation, or material omission of any information contained in this application, my resume, and/or any supporting documents is cause for disqualification of my candidacy for the position, or, if hired or retained, disciplinary action up to and including dismissal.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature



## Authorization for Release of Information

I \_\_\_\_\_, acknowledge that this employer may check past employment records, references, criminal records, credit report and other facts including but not limited to Social Media and any other information stated by me for the purposes of both pre-employment and post-employment screening matters.

I hereby grant this employer permission to check any of the information on this form. In connection with and for the duration of my employment with this employer, I authorize all persons, schools, companies, internet accounts, corporations, credit bureaus, law enforcement agencies or government branches of the services to supply any information concerning my background and release them from any liability and responsibility arising from their doing so, except where my written statement upon this form specifically requests that no investigation be made. Disclosure of date of birth will not be used to determine suitability for employment. I understand it will be for identification purposes only. All information will be held in the strictest of confidence. I further understand that any misrepresentation of facts upon this form will be considered as cause for possible dismissal.

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Name(s)-Print

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(AKA) Also Known As

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Address

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Driver's License Number and State

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Social Security Number

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Signature of Applicant

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Date of Birth

Email address

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Date Signed

**Note:** Please use this space and/or additional pages for any additional information pertaining to this application. It is important that you reference the question or section you are addressing.

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