

# SOUTHWEST LICKING LOCAL SCHOOLS APPLICATION FOR SUPERINTENDENT

### **Application Process**

#### A completed application consists of the following:

- 1. A cover letter emphasizing qualifications and reasons for interest in the position;
- 2. An accurate and up-to-date resume;
- 3. Completed and signed Superintendent Application;
- 4. List three (3) references from associates or board members who can speak to candidate qualifications and work experience;
- 5. A copy of current Ohio Superintendent Certificate/License;
- 6. Copies of credentials and transcripts;

#### Send or email all application materials to:

K-12 Business Consulting, Inc.
"Southwest Licking Local School District Superintendent Search"
P.O. Box 476
New Albany, Ohio 43054

Or email materials to: cmohr@k12consulting.net

Direct Questions concerning the position to: Christopher Mohr - (614)-580-8544 or <a href="mailto:cmohr@k12consulting.net">cmohr@k12consulting.net</a> Kathy Lowery - (614)-769-1211 or <a href="mailto:klowery@k12consulting.net">klowery@k12consulting.net</a> Tom Ash - (614)-425-3974 or <a href="mailto:thomas7861@att.net">thomas7861@att.net</a>

**Application Deadline February 14, 2020** 

## SUPERINTENDENT APPLICATION FORM

Please type or print in black ink

Personal Information:							
Last Name Fi	rst	Middle		Date of Application			
Street Address				Email Address			
City St	ate	ZIP Code		Telephone No.			
City	atc	ZII Code		Home:			
				Work:			
Are you presently under contract	to another district?	Yes	No				
If yes, when does the contract ex	pire?						
Date available for employment							
Current base salary (not includin	a fring a han afits)	Paga galamy	Doca colony apparentiana (not including frings hanefits)				
Current base satary (not including	Dase salary	Base salary expectations (not including fringe benefits)					
Do you hold a valid Ohio Superi	ntendent License?	Yes	No				
, , , , , , , , , , , , , , , , , , ,							
Type of certificate: City	Local	Other (Indicat	te)				
Certificate Number:							
TT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			c : c :1:	'.' 0 X/ N			
Have you ever been convicted of	a crime that would prev	ent you from qualif	rying for this po	osition? Yes No			
If yes, please explain on a separa	te sheet of paper. Note:	Candidates are subi	ect to a crimina	al background check.			
, , r	1.1			8			
Military Eymonionoo							
Military Experience: Branch of Service			Yea	nrs			
Brailer of Service			100				
Present Military affiliation	From		То				
None	Reserve/NGUS	S (active)	Reserve	(inactive)			
<b>Current School District Informa</b>	ation:						
Name of district		Your title					
Enrollment (ADM)	School District	Budget		mber of Employees			
			Certified Classified				
			Classifica	-			

Educati	onal Hist	tory:		Loca	tion	Major course	Dates at	tended	Grad	duated	
High so		ol name		(city, s	state)	or subject	From	То	Yes	No	Degree
College	e (list all a	attended)									
	ional Exp										
				list all previo lication as w		rs. If more space is re	equired, ple	ease cont	tinue o	n a sepa	rate sheet. You
No. of	Da	ites			JII.	School District					
Years	From	То	Pos	sition Title		Organization, Add	cation, Address		Reason for Leaving		
								•			
Profess	sional/W	ork Refer	ences:								
Please li	st below	the names	and addre	ess of three p	ersons who	can speak of your pr	ofessional	compete	ncy and	d charac	ter.
Name						Type of Acqu	aintance				
	\	7:4 01-1	ZID C - 1				-				
Street A	adaress, (	City, State	, ZIP Cod	e		Phone Home:		I	Busines	ss:	
Name						Type of Acqu	aintance				
Street A	Address, C	City, State	, ZIP Cod	e		Phone					
						Home:		I	Busines	ss:	

Number of Middle/Jr. High Schools

Number of High Schools

Number of Elementary Schools

Name	Type of Acquaintance	
Street Address, City, State, ZIP	Phone Home:	Business:
Please Identify in the Space Below Two Key Leadership Areas	S You Excel in:	
Please Identify in the Space Below Two Major Accomplishmen	nts in Your Career:	
Please Identify in the Space Below A Project You Didn't Acco	mplish Despite Your Best Effo	rt and Why:

Applicant's Signature and Confirmation:
It is understood that K-12 Business Consulting, Inc. and the District may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) and, if needed, the Federal Bureau of Investigation (FBI) for a background check and I hereby consent to such inquiries. I hereby authorize the Board of Education or its agents to conduct such investigations and to obtain such records (including criminal and credit records) as the Board deems necessary.
I understand that if I am employed prior to the receipt of the BCI/FBI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contact with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.
I authorize my previous employers, school, and persons named as references to give any information they may have regarding my employment together with information they may have regarding me, whether or not it is in their records. I agree that K-12 Business Consulting, Inc., the District and its employees and my previous employers and their employees shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of any false statements, answers, or admissions made by me in this application. I hereby release said employers, schools, or persons from any liability for any damages whatsoever for issuing this information.
I certify that the information contained in this application and in my resume' is true and complete, and I understand that if it is not, I may be eliminated from consideration for this job. If, after being hired, falsehoods or omissions are discovered in my application or resume', I understand that my employment may be terminated. By signing below, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.
I certify that the information in this application is true and accurate to the best of my knowledge and belief. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.
I understand that Ohio public records laws may mandate disclosure of applicant information by K-12 Business Consulting, Inc. and the school district conducting the superintendent search.
Signature of Applicant
Date
Please Include any other information (if any) you want to share in the space below: