

Superintendent Application Form

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: (H): _____ (C): _____ (W): _____

Email Address: _____

Date Available for Employment: _____

Do you have a Kentucky certificate for school superintendent? _____

If no, do you hold a valid superintendent's license for any other states? Please name:

Have you ever been convicted of a felony? _____

If yes, please explain:

Have you ever been dishonorably discharged from the military? _____

Have you ever been known by any other names? _____

If yes, please list: _____

Have you ever declared personal or business bankruptcy? _____

Current School District Information

Name of District: _____ Your Position: _____

Student Enrollment: _____ District Budget: _____ Total # Employees: _____

Major Responsibilities:

Significant Accomplishments:

Personal Education History

High School: _____
Location: _____
Major Course or Subject: _____
Start Date: _____ End Date: _____
Graduated? _____ Degree: _____

College: _____
Location: _____
Major Course or Subject: _____
Start Date: _____ End Date: _____
Graduated? _____ Degree: _____

College: _____
Location: _____
Major Course or Subject: _____
Start Date: _____ End Date: _____
Graduated? _____ Degree: _____

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Start Date: _____ End Date: _____
Graduated? _____ Degree: _____

College: _____
Location: _____
Major Course or Subject: _____
Start Date: _____ End Date: _____
Graduated? _____ Degree: _____

Professional Experience

Please start with present or most recent. List all previous employers.

of Years ____ Start Date: _____ End Date: _____

Position Title: _____

Organization, Address: _____

Reason For Leaving: _____

of Years ____ Start Date: _____ End Date: _____

Position Title: _____

Organization, Address: _____

Reason For Leaving: _____

of Years ____ Start Date: _____ End Date: _____

Position Title: _____

Organization, Address: _____

Reason For Leaving: _____

of Years ____ Start Date: _____ End Date: _____

Position Title: _____

Organization, Address: _____

Reason For Leaving: _____

of Years ____ Start Date: _____ End Date: _____

Position Title: _____

Organization, Address: _____

Reason For Leaving: _____

of Years ____ Start Date: _____ End Date: _____

Position Title: _____

Organization, Address: _____

Reason For Leaving: _____

Professional References

Provide the information below of five people who can speak of your professional competency and character.

Name: _____ Type of Acquaintance: _____
Address: _____
Phone: (H) _____ (W) _____
Name: _____ Type of Acquaintance: _____
Address: _____
Phone: (H) _____ (W) _____
Name: _____ Type of Acquaintance: _____
Address: _____
Phone: (H) _____ (W) _____
Name: _____ Type of Acquaintance: _____
Address: _____
Phone: (H) _____ (W) _____

Does the Board of Education or its agents have your permission to contact your current employer? _____

Does the Board of Education or its agents have your permission to contact the above named persons? _____

Have you ever been dismissed from a relevant position, had disciplinary charges against you, or been denied or had professional licensure revoked or suspended? _____

Have you ever been convicted on a drug or alcohol related traffic offense? _____

Community Activities (voluntary and community service clubs, etc)

Give two or three personal attributes that assure your success as a superintendent.

What are the most important qualities that make you the best choice as superintendent?

Identify two of your major professional accomplishments.

Describe your professional experience with each of the following:

Financial Planning:

Facilities Planning:

Describe your professional experience with each of the following:

Curriculum:

Personnel Decisions:

Describe your professional experience with each of the following:

Strategic Planning:

Community Relations:

SIGNATURE FORM

I certify that the information in this application is true and accurate to the best of my knowledge and belief.

I hereby authorize the Board of Education or its agents to conduct such investigations, including criminal and credit records, as the Board deems necessary. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

Electronic Signature: _____

Date: _____