

Dear Potential Applicant:

Thank you very much for your interest in an administrative position with the St. Marys City School District. We are pleased to provide you this application for download. Please complete this application and return it to my office by March 28, 2008.

Also available for download is a reference form. You will need three (3) copies. Please ask your superintendent or other supervisor and two other persons familiar with your character and professional ability to complete these and return them directly to us. If current references are contained in your college credentials, you may have these sent to us in lieu of using these forms.

Please submit the following materials with your application:

1. Resume
2. Transcripts showing degree(s) and all college work completed
3. Copy of your Ohio teaching license or certificate and administrative certificate(s)

After all materials are received your application will be carefully reviewed and you may be contacted for an interview. Thank you again for your interest in the St. Marys City Schools.

Sincerely,

KEN BAKER

Ken Baker
Superintendent of Schools

St. Marys City School District

Directions/Information for Applicants

Please read carefully.

Application Requirements

- A. Complete the application in full and return it to the Superintendent's Office.
- B. Unless you have a transcript on file, submit a transcript showing all college work. This may be a student/unofficial copy. An official copy will be necessary when hired.
- C. Have the following references sent:

Beginning Administrator

- 1. Use the downloaded forms for references from: college professors, previous school district personnel, a third professional reference of your choice
- 2. Your college credential (placement) file, if available.

Experienced Administrator

- 1. Use the enclosed forms for references from: most recent superintendent from district in which last employed, previous supervisor, a third professional reference of your choice.
- 2. Your college credential (placement) file if you have graduated in the last five years or if you wish to send it.

(If all of the references in (1) appear in your college credential file, it is not necessary to use the downloaded reference forms.)

- D. Submit a copy of your school administrative certificate(s) or license(s) from the State of Ohio if you hold one. Do not send the original.

Application Review

All completed applications are reviewed. An application is considered complete when it has been submitted with all the information filled in and when all the requested documents have arrived. Each applicant will be notified after the review as to whether the application is being held or activated for interview.



APPLICATION OF EMPLOYMENT

RETURN TO

St. Marys City School District
Superintendent Office
101 West South Street
St. Marys, Ohio 45885
(Area 419) 394-4312

Ken Baker
Superintendent

Table with 2 columns and 5 rows: FILE, INDEX, STATUS, BY, REPLY, AVAILABLE

Date of Application: _____

Name: _____

Social Security No. _____

PERMANENT ADDRESS

Form for permanent address with fields for STREET, CITY, STATE, ZIP, AREA, HOME PHONE, AREA, BUS. PHONE

TEMPORARY ADDRESS UNTIL:

Form for temporary address with fields for STREET, CITY, STATE, ZIP, AREA, HOME PHONE, AREA, BUS. PHONE

NAME

Last

First

M.I.

Experience: List most recent position first. Use separate sheet if needed.

Large experience table with columns for Dates, No. of Months of Yrs., School Name & Address, Phone, Titles & Duties, Name of Employer, Reason for leaving. Includes three rows for listing experience.

High School _____

(Name)

(Location)

Activities: _____ Honors: _____

College

BEGIN WITH FIRST UNDERGRADUATE ENROLLMENT, PROGRES TO GRADUATE LEVEL IF APPLICABLE. INCLUDE ALL INSTITUTIONS ATTENDED.

_____ Semester Hours

BE CONSISTENT THROUGHOUT. USE EITHER SEMESTER HOURS OR QUARTER HOURS.

_____ Quarter Hours

CHECK WHICH YOU ARE USING. (3 QUARTER HOURS = 2 SEMESTER HOURS)

COLLEGE OR UNIVERSITY	DATES		MAJOR	MINOR	DEGREE	YEAR
	FROM	TO				

Undergraduate Cumulative Grade Point Average: _____ CHECK: This is _____ Actual _____ Estimated

Total Number of College Credits Earned: _____ Undergraduate _____ Graduate _____

Majors: 1. _____ Hrs. In: _____ Minors: 2. _____ Hrs. In: _____

2. _____ Hrs. In: _____ 2. _____ Hrs. In: _____

MILITARY SERVICE

Branch _____ Dates Served From: _____ To: _____

Total Number of Months: _____

MY OHIO CERTIFICATE IS: (Please Check)

_____ 4-year Provisional _____ 8-year Professional _____ Permanent

Year of Issue: _____ Expiration Date: _____

Type: (Please Check)

_____ Kindergarten (Primary) _____ Secondary

_____ Kindergarten (Elementary) _____ Special

_____ Elementary If Secondary or Special, list subjects or fields:

My OHIO LICENSE IS (Please Check)

_____ 2-year Provisional _____ 5-year Provisional

Year of Issue: _____ Expiration Date: _____

TYPE (Please Check)

_____ Grades PreK-3 _____ Multi-age

_____ Grades 4-9 _____ Intervention Specialist

_____ Grades 7-12 _____ Other

If Multi-age, Intervention or Other, list subjects or areas:

Copies of your OHIO CERTIFICATE or LICENSE and current COLLEGE TRANSCRIPT must accompany your application in order for it to be given consideration. Exceptions will be made for applicants still in school or at the superintendent's discretion.

BRIEFLY DESCRIBE PROFESSIONAL RECOGNITION, MEMBERSHIPS AND GROWTH ACTIVITIES.

IN THE SPACE BELOW. PLEASE INCLUDE ANY OTHER PERTINENT DATA OR INFORMATION NOT PREVIOUSLY ASKED FOR ON THE APPLICATION WHICH MIGHT ASSIST US IN ARRIVING AT A MORE REALISTIC APPRAISAL OF YOUR TRAINING, EXPERIENCE, AND OVER ALL COMPETENCE FOR THE POSITION FOR WHICH YOU ARE APPLYING.

REFERENCES: LIST FOUR INDIVIDUALS HAVING PERSONAL KNOWLEDGE OF YOUR PROFESSIONAL TRAINING, ABILITY, EXPERIENCE, AND PERSONAL CHARACTER. INCLUDE THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR LAST ADMINISTRATOR OR SUPERVISOR.

	Name	Position	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Placement Folder may be secured from: (Name and Address) _____

Current Contract with: _____
(School System) *(Grade or Subject)*

This will be authorization to the St. Marys Board of Education to obtain any and all information regarding previous employment from any and all persons, firms or corporations by whom I was previously employed and to obtain information regarding medical treatment and/or the condition of my health.

This will further authorize any hospital, doctor, physician or other treating practitioner and any person, firm or corporation by whom I was previously employed to release any and all information concerning my health and/or previous employment to the St. Marys Board of Education and its representatives.

Also, I swear or affirm the facts set forth above in my application are true and complete. I understand that if employed, false statements on this application shall be considered as sufficient cause for rejection or dismissal.

Applicant Signature: _____ Date: _____

“The St. Marys City School District is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color religion, sex, age, national origin, ancestry, or handicapped status. Information requested is used solely to determine the applicant’s ability to meet job criteria and to perform the job satisfactorily.”

ANSWER THE FOLLOWING QUESTIONS IN THIS SPACE PROVIDED

1. How do you view the role of an athletic director? _____

2. Describe your interest and/or experience in athletics? _____

3. What are your most important considerations in evaluating coaches? _____

4. Describe your background/experience in school finance? _____

Thank you for taking the time to complete this portion of the application. It is great help in getting to know you better as a teacher.

APPLICATIONS WILL BE KEPT ON FILE AND ACTIVE FOR ONE YEAR. PLEASE ADVISE PERSONNEL OFFICE OF CHANGE IN EMPLOYMENT STATUS.

REQUEST FOR EVALUATION OF ADMINISTRATIVE CANDIDATE

Name of Applicant _____

We are interested in considering the above named applicant for the indicated athletic director position in our school district. We would appreciate your candid appraisal of the applicant's qualifications and your frank response to the several questions below. Your reply will be held in strictest confidence unless you sign to specify otherwise.

Thank you for your assistance. Return to: Ken Baker, Superintendent
 St. Marys City Schools
 101 West South Street
 St. Marys, Ohio 45885

PERSONALITY QUALITIES	SUPERIOR	STRONG	AVERAGE	BELOW AVERAGE
A. Knowledge of athletics				
B. Understanding of athletic code of conduct				
C. Understanding of OHSAA regulations				
D. Understanding of finances				
E. Ability to evaluate coaching staff				
F. Ability to generate coach's rapport/respect				
G. Ability to communicate effectively				
I. Willingness to work				
J. Willingness to learn				
K. Intelligence				
L. Initiative				
M. Potential for leadership				
N. Self-confidence				
O. Health				
P. Appearance (size, posture, neatness)				
Q. Drive for perfection				
R. Ability to work with the board and other administrators				

1. Applicant's position in your system _____

2. Dates of employment _____ to _____
 (Month-Year) (Month-Year)

3. If the candidate was applying for an athletic director position in your school district would you accept him/her? Yes No

4. Any additional comments you would care to make on the back of this form would be greatly appreciated.

Date _____

Signed _____

Unless initialed here confidentially
 will be honored

Position _____

School or College _____

Phone _____