**School/ District Administrator**

**St. Marys City**

**School District**

**EMPLOYMENT APPLICATION**

*Return completed applications to:*

**jobs@smriders.net**

Phone: 419-394-4312

**This application has fillable fields (the grey text) and must be completed in Microsoft Word.**

**Date of Application**: mm/dd/yyyy **Email Address**: name@domain.com

**Name**: Enter your name as it appears on your Social Security Card

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| **PERMANENT ADDRESS**  House Number and Street Name  City State Zip  Primary Phone Secondary Phone | | **TEMPORARY ADDRESS** until mm/dd/yyyy  House Number and Street Name  City State Zip  Primary Phone Secondary Phone |
| **Type of Employment Desired**  Elementary School Principal  Middle School Principal  High School Principal    Middle School Assistant Principal  High School Assistant Principal  Director of Curriculum    Director of Special Education/ Student Services  Were you previously employed by this district?  Yes  No  If yes, please list the dates employed: From mm/yyyy To mm/yyyy | |
| |  |  |  |  | | --- | --- | --- | --- | | **Current Contract with**: | Enter Name of School System | **as** | Enter current position | | |

**Professional Experience:** List most recent position first. Use separate sheet if needed. Enter student teaching experience in the first space if you have never taught.  **Total years experience:** enter total years

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| Dates:  From: **mm/yyyy**    To: **mm/yyyy**    Number of years and months:  **Years and Months** | School Contact Information:  Phone: **(###) ###-####**  School Name and Address  **Enter School Name and Address** | | Position(s) held (grades/ subjects taught and any extracurricular/ supplemental duties)  **Enter information here** |
| Name of Supervisor: **enter supervisor’s name here** | | Reason for leaving: **enter reason here** | |

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| Dates:  From: **mm/yyyy**    To: **mm/yyyy**    Number of years and months:  **Years and Months** | School Contact Information:  Phone: **(###) ###-####**  School Name and Address  **Enter School Name and Address** | | Position(s) held (grades/ subjects taught and any extracurricular/ supplemental duties)  **Enter information here** |
| Name of Principal: **enter supervisor’s name here** | | Reason for leaving: **enter reason here** | |

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| Dates:  From: **mm/yyyy**    To: **mm/yyyy**    Number of years and months:  **Years and Months** | School Contact Information:  Phone: **(###) ###-####**  School Name and Address  **Enter School Name and Address** | | Position(s) held (grades/ subjects taught and any extracurricular/ supplemental duties)  **Enter information here** |
| Name of Principal: **enter supervisor’s name here** | | Reason for leaving: **enter reason here** | |

**High School** High School Name **Location:** City, State

|  |  |
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| **Activities:** | **Honors:** |
| Enter activities here | Enter honors here |

**College Background**

Begin with first undergraduate enrollment, progress to graduate level (if applicable), include all institutions attended.

Be consistent throughout, use either semester hours or quarter hours (3 quarter hours = 2 semester hours)

**Check which you are using:  Semester Hours  Quarter Hours**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **College or University** | **Dates**  **From To** | | **Major** | **Minor** | **Degree** | **Year** |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |
| college name | mm/yyyy | mm/yyyy | major | minor | Choose an item. | year |

Undergraduate Cumulative Grade Point Average: enter GPA (Actual or  Estimated)

Total Number of College Credits Earned: enter total hours Undergraduate: undergrad hours Graduate: graduate hours

**Ohio Certificate/ Licensure Information:** Please list all of the certificates/ licenses you currently hold.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ohio Certificate/ License**  (i.e. 5 year Professional Elementary Principal License) | **Date issued** | **Expiration date** | **Grade bands**  (if applicable) | **Subject Areas** (if applicable) |
| enter certificate/license | mm/yyyy | mm/yyyy | enter grade bands | enter subject areas as listed on your license |
| enter certificate/license | mm/yyyy | mm/yyyy | enter grade bands | enter subject areas as listed on your license |
| enter certificate/license | mm/yyyy | mm/yyyy | enter grade bands | enter subject areas as listed on your license |
| enter certificate/license | mm/yyyy | mm/yyyy | enter grade bands | enter subject areas as listed on your license |

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.**

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| Enter information here |

**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 overall competence for the position you are applying for.**

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| --- |
| Enter information here |

**Please answer the following questions in the space provided.**

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| 1. Describe the role of the position you are applying for in implementing the district's mission statement: Dedicated to meet the individual needs of all students, committed to be a superior educational provider.  Enter information here |
| 2. What are the keys to establishing a positive school climate?  Enter information here |
| 3. Describe how you will incorporate collaboration into your leadership style.  Enter information here |
| 4. Describe a major educational initiative you either led or were instrumental in carrying out.  Enter information here |
| 5. What do you feel are the most important characteristics in evaluating teachers?  Enter information here |
| 6. What is your experience with Special Education?  Enter information here |
| 7. What skills/ experience do you have that qualifies you for the position you are applying for?  Enter information here |

**Please rate yourself on the following professional qualities:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Superior** | **Strong** | **Average** | **Below Average** |
| 1. Ability to communicate, listen, connect, motivate, & present |  |  |  |  |
| 2. Ability to create a shared vision |  |  |  |  |
| 3. Ability to define clear goals |  |  |  |  |
| 4. Ability to monitor progress toward goals |  |  |  |  |
| 5. Ability to establish shared leadership |  |  |  |  |
| 6. Belief that achievement of all students is possible |  |  |  |  |
| 7. Ability to implement high expectations |  |  |  |  |
| 8. Ability to implement high standards for instructional practices |  |  |  |  |
| 9. Ability to recognize high quality instructional practices |  |  |  |  |
| 10. Ability to engage parents & community in educational process |  |  |  |  |
| 11. Ability to uphold & model professional ethics and policies in words & action |  |  |  |  |
| 12. Embrace accountability |  |  |  |  |
| 13. Am result oriented |  |  |  |  |
| 14. Am a change master, flexible, futuristic & realistic |  |  |  |  |
| 15. Ability to motivate change |  |  |  |  |

**References**: List four individuals having personal knowledge of your professional training, ability, experience, and personal character. Include the name, address, and telephone number of a representative from previous boards of education.

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| --- | --- | --- |
| **Name, Position** | **Address** | **Telephone Number** |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |
| First and Last Name, Position | Enter School/ District Name (if applicable) and Address | (###) ###-#### |

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION**

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.

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’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| The St. Marys City School District is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, sex, disability, military status, ancestry or age in its programs and activities, including employment opportunities. Information requested is used solely to determine the applicant’s ability to meet job criteria and to perform the job satisfactorily. |

**Applications will be kept on file and active for one year. Please advise the superintendent’s office of any change in employment status.**

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 jobs@smriders.net.

Please submit the following materials with your application:

1. Resume
2. Transcripts showing degree(s) and all college work completed (an official transcript will be requested when hired)
3. Copy of your Ohio teaching license(s) or certificate(s) and administrative certificate(s)
4. Copy of most recent BCI/FBI report

Attached to this application 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 [jobs@smriders.net](mailto:jobs@smriders.net). This reference form can also be downloaded at [www.smriders.net/adminreference](http://www.smriders.net/adminreference). (If the file opens as read-only, click View-> Edit Document.)

After all the required documents 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,

St. Marys City Schools Superintendent

**St. Marys City School District**

**REQUEST FOR EVALUATION OF A SCHOOL ADMINISTRATOR CANDIDATE**

|  |  |
| --- | --- |
| Name of Applicant : |  |

|  |  |
| --- | --- |
| Name of the person completing this form : |  |

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

This form is also available for download at <http://www.smriders.net/adminreference>. (If the file opens as read-only, click View-> Edit Document.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROFESSIONAL QUALITIES** | **SUPERIOR** | **STRONG** | **AVERAGE** | **BELOW AVERAGE** |
| 1. Ability to communicate, listen, connect, motivate, & present |  |  |  |  |
| 2. Ability to create a shared vision |  |  |  |  |
| 3. Ability to define clear goals |  |  |  |  |
| 4. Ability to monitor progress toward goals |  |  |  |  |
| 5. Ability to establish shared leadership |  |  |  |  |
| 6. Belief that achievement of all students is possible |  |  |  |  |
| 7. Ability to implement high expectations |  |  |  |  |
| 8. Ability to implement high standards for instructional practices |  |  |  |  |
| 9. Ability to recognize high quality instructional practices |  |  |  |  |
| 10. Ability to engage parents & community in educational process |  |  |  |  |
| 11. Ability to uphold & model professional ethics and policies in words & action |  |  |  |  |
| 12. Embraces accountability |  |  |  |  |
| 13. Is result oriented |  |  |  |  |
| 14. Is a change master, flexible, futuristic & realistic |  |  |  |  |
| 15. Ability to motivate change |  |  |  |  |

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| Applicant’s position in your system: |  |

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| --- | --- | --- | --- |
| Dates of employment: |  | to |  |
|  | (month/year) |  | (month/year) |

If the candidate was applying for an administrative position in your school district would you accept him/her?

Yes No

Thank you for your assistance. Any additional comments you would care to attach to this form would be greatly appreciated. **Please return this form to jobs@smriders.net.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Signature: |  |
| Phone: |  | Position |  |

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|  | Please mark here if your response can be shared with the applicant. |