



Allen County Educational Service Center

SUPERINTENDENT APPLICATION

Allen County Educational Service Center

1920 Slabtown Road, Lima, OH 45801

Phone: 419-222-1836 Fax: 419-224-0718

EQUAL OPPORTUNITY EMPLOYER

PLEASE WRITE LEGIBLY

Date: _____ E-mail Address: _____

Name: _____ Social Security #: _____
Last First Middle

Present Address: _____ Phone: _____
Street/Road City/State Zip Code Area Code

Permanent Address: _____ Phone: _____
Street/Road City/State Zip Code Area Code

LICENSURE AREA:

State: _____ Effective: _____

Grades or Subjects on License:

Date of Availability: _____

Are you under contract? _____

Check License(s) Applicable:

_____ 2 Yr. License _____ Elementary Principal
_____ 5 Yr. License _____ High School Principal
_____ Permanent _____ Supervisor
_____ Assistant Superintendent
_____ Superintendent

Other: _____

TEACHING EXPERIENCE: (Start with most recent)

Total Years (year is a minimum of 120 days)

Name of School & Location	Grades and/or Subjects	Dates of Service		Administrator, Phone Number

Have you ever been granted a continuing contract in a school district in Ohio?

☐ NO ☐ YES in the _____ School District in _____ County

ADMINISTRATIVE EXPERIENCE: Total Years: _____

(List chronologically with most recent experience first.)

Employer, Address, Phone Number	Position	Supervisor	Length of Employment

OTHER WORK EXPERIENCE: (List chronologically with most recent experience first.)

Employer, Address, Phone Number	Position	Supervisor	Length of Employment

EDUCATIONAL HISTORY: (Start with high school and list all colleges attended. If you have not yet graduated, please list degree and date anticipated.)

High School Attended: _____

Student Teaching School District: _____ Grades/Subjects: _____

Supervising Teacher: _____

College/Universities Attended: _____

Degrees Earned: _____

PROFESSIONAL INVOLVEMENT

Organization	Involvement (conferences, articles, leadership positions)	Dates

PROFESSIONAL REFERENCES

Name	Complete Address	Telephone	Position

PERSONAL REFERENCES

Name	Complete Address	Telephone	Position

In the space provided below, please complete the following:

1. What professional achievement are you most proud of?

2. In your opinion, what is the most important skill for an ESC Superintendent to possess?

3. Briefly outline what you believe to be the most significant challenges facing the Allen County Service Center in the next 3 years?

4. How would you plan on developing trust, communication and collaboration among member school districts?

As a potential candidate for employment at the ACESC, you are hereby notified that a satisfactory Federal and Ohio criminal records check is a precondition for employment. It will also be necessary for you to furnish an original transcript and your original certificate.

My signature below authorizes any investigation necessary to determine my qualifications for employment, and authorizes release of information in connection with this application. I certify that I have made true, correct and complete responses on this application, and that to do otherwise is reason not to employ or to discharge if I am employed by any district.

Signature of Applicant

Date