



APPLICATION FOR SUPERINTENDENT

Application Process

A completed application consists of the following:

1. Completed and signed Superintendent Application;
2. A letter of application indicating your interest in the position and qualifications;
3. An accurate and up-to-date resume;
4. Three (3) current references from individuals within the education profession;
5. A copy of current Ohio Superintendent License/Certificate or evidence that one can be obtained.

Send application materials to:

Nelsonville-York City Schools
Sandi Hurd, Treasurer
Two Buckeye Drive
Nelsonville, Ohio 45764

For additional information please contact Ms. Hurd at 740-753-4441 or via email at sandihurd@nybucks.org

Application Deadline 3:00 p.m. September 7, 2018

APPLICATION FOR SUPERINTENDENT

Nelsonville-York City School District

(Please type or print)

Personal Information:

Last Name	First	Middle	Date of Application
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Street Address

City	State	Zip Code	Telephone No. Home () Work () Email:
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Are you presently under contract to another district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, when does the contract expire?
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Date available for employment?

Current base salary? (Not including fringe benefits)	Base salary expectations? (Not including fringe benefits)
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Do you hold a valid Ohio Superintendent's Certificate/License?	<input type="checkbox"/> Yes Expiration Date: <input type="checkbox"/> No
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Type of certificate/license?	<input type="checkbox"/> City <input type="checkbox"/> Local <input type="checkbox"/> Other (Indicate)
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Certificate/license number?

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes
If yes, please explain on a separate sheet of paper.	<input type="checkbox"/> No
Note: Candidates are subject to a criminal background check.	

Military Experience:

Branch of Service	Years	From	To
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Present Military affiliation	<input type="checkbox"/> None <input type="checkbox"/> Reserve/NGUS (active) <input type="checkbox"/> Reserve (inactive)
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Current School District Information:

Name of District	Your Title
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Enrollment (ADM)	Building Budget	Total Number of Employees
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Professional/Work References:

Please list below the names and addresses of five persons who can speak of your professional competency and character. Include at least three names of professional colleagues.

Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: Business:
Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: Business:
Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: Business:
Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: Business:
Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: Business:

Does the board of education or its agents have your permission to contact the above named persons? ☐ Yes ☐ No

Does the board of education or its agents have your permission to contact your current employer? ☐ Yes ☐ No

Why Are You Interested In This Superintendency?

Identify Two Major Accomplishments In Your Last Position:

Educational History:

School Name	Location (City, State)	Major Course or Subject	Dates Attended		Graduated		Degree
			From	To	Yes	No	
High School							
College (list all attended)							

Professional Experience:

Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet. You may attach resume, but complete application as well.

No. of Years	Dates		Position Title	School District/ Organization, Address	Reason for Leaving
	From	To			

Other Work Experience and Achievements Valuable to Your Career:

Outside Activities:

Identify Two Projects That Did Not Get Accomplished Despite Your Best Effort and Why:

Applicant's Signature:

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

I certify that Ohio Public Records Law mandates the disclosure of certain applicant information to individuals or entities making request.

I hereby authorize the Board and its agents to conduct such investigations and to obtain such records as the Board determines necessary. 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 understand that completion of this application does not guarantee an interview or offer of employment for the position of Superintendent. I also understand that the successful candidate for the position may be asked to provide any additional documents required by law to hold employment in a public school district.

Signature of Applicant

Date

If any of your educational or employment records are under other than the above name, please provide other names.

It is the policy of Nelsonville-York City School District to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. In addition, Nelsonville-York City School District will provide reasonable accommodations for qualified individuals with disabilities.