



MOUNT GILEAD SCHOOL DISTRICT APPLICATION FOR SUPERINTENDENT

Application Process

A completed application consists of the following:

1. A cover letter emphasizing qualifications and reasons for interest in the position;
2. Completed and signed Superintendent Application;
3. An accurate and up-to-date resume;
4. List three (3) references from associates or board members who can speak to candidate qualifications and work experience;
5. A copy of current Ohio Superintendent Certificate/License;
6. Copies of credentials and transcripts;

Send or email all application materials to:

K-12 Business Consulting, Inc.
“Mount Gilead School District Superintendent
Search” P.O. Box 476
New Albany, Ohio 43054

Or email materials to:

Tom Ash - TAsh@k12consulting.net
Direct Questions concerning the position to:
Kathy Lowery 614-769-1211
Tom Ash (614)-425-3974

Application Deadline January 8, 2020

SUPERINTENDENT APPLICATION FORM

Please type or print in black ink

Personal Information:

Last Name	First	Middle	Date of Application
Street Address			Email Address
City	State	ZIP Code	Telephone No. Home: Work:
Are you presently under contract to another district?		Yes No	
If yes, when does the contract expire?			
Date available for employment			
Current base salary (<i>not including fringe benefits</i>)		Base salary expectations (<i>not including fringe benefits</i>)	
Do you hold a valid Ohio Superintendent License?		Yes No	
Type of certificate	City	Local	Other (<i>Indicate</i>)
Certificate Number			
Have you ever been convicted of a crime that would prevent you from qualifying for this position?		Yes No	
If yes, please explain on a separate sheet of paper. Note: Candidates are subject to a criminal background check.			

Military Experience:

Branch of Service	Years	
Present Military affiliation	From	To
None	Reserve/NGUS (active)	Reserve (inactive)

Current School District Information:

Name of district	Your title	
Enrollment (ADM)	School District Budget	Total Number of Employees Certified - Classified -

Number of Elementary Schools	Number of Middle/Jr. High Schools	Number of High Schools
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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			

Professional/Work References:

Please list below the names and address of three persons who can speak of your professional competency and character.

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	Phone Home: Business:

Please Identify in the Space Below Two Key Leadership Areas You Excel in:

Please Identify in the Space Below Two Major Accomplishments in Your Career:

Please Identify in the Space Below A Project You Didn't Accomplish Despite Your Best Effort and Why:

Applicant's Signature and Confirmation:

It is understood that K-12 Business Consulting, Inc. and the District may contact former employer(s) for verification of my employment history and the Bureau of Criminal Identification and Investigation (BCI) and, if needed, the Federal Bureau of Investigation (FBI) for a background check and I hereby consent to such inquiries. I hereby authorize the Board of Education or its agents to conduct such investigations and to obtain such records (including criminal and credit records) as the Board deems necessary.

I understand that if I am employed prior to the receipt of the BCI/FBI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contact with former employers; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education rules and regulations regarding applicant/employee criminal records and disclosure of criminal convictions.

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 agree that K-12 Business Consulting, Inc., the District and its employees and my previous employers and their employees shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of any false statements, answers, or admissions made by me in this application. I hereby release said employers, schools, or persons from any liability for any damages whatsoever for issuing this information.

I certify that the information contained in this application and in my resume' is true and complete, and 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. By signing below, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions.

I certify that the information in this application is true and accurate to the best of my knowledge and belief. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

I understand that Ohio public records laws may mandate disclosure of applicant information by K-12 Business Consulting, Inc. and the school district conducting the superintendent search.

Signature of Applicant

Date

Please Include any other information (if any) you want to share in the space below: