



NORTHEASTERN LOCAL SCHOOL DISTRICT APPLICATION FOR

Application Process

A completed application consists of the following:

1. A cover letter emphasizing qualifications and reasons for interest in the position;
2. An accurate and up-to-date resume;
3. Completed and signed Superintendent Application;
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.
“Northeastern LSD Superintendent
Search” P.O. Box 1005
Deleware, Ohio 43015

Or email materials to:

dwmiller@k12consulting.net

Direct Questions concerning the position to:

Dustin Miller 614-774-2740
Debbie Campbell 937-215-7068

Application Deadline

May 27, 2024

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 Professional Alternative 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 |
|------------------------------|-----------------------------------|------------------------|

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) | | | | | | | |
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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 | | | |
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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:

Empty space for additional information.