

GRAHAM LOCAL SCHOOLS SUPERINTENDENT APPLICATION

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.
"Graham Local Schools
Superintendent Search"
P.O. Box 1005
Delaware, Ohio 43015

Or email materials to:

dcampbell@k12consulting.net

Direct questions concerning the position to
Deb Campbell 937-215-7068

Application Deadline

April 14, 2026

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					<input type="checkbox"/>	<input type="checkbox"/>	
College (list all attended)					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

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:

Empty space for additional information.