

NEW RICHMOND EXEMPTED VILLAGE SCHOOL DISTRICT

212 MARKET STREET, ROOM 300
NEW RICHMOND, OH 45157
513/553-2616

APPLICATION FOR SUPERINTENDENT

To The Applicant:

This application will be placed on file for consideration when vacancies arise. It should be complete and accurate in every detail. A copy of your current teaching certification, official transcripts, SRI Perceiver (applicant supplement), and NTE and/or PPST scores must accompany this application. Applications are kept in our active file for a period of one year.

NAME _____
Last First Middle Maiden

PRESENT ADDRESS _____ PHONE _____

(If temporary, indicate date you will leave)

PERMANENT ADDRESS _____ PHONE _____

SOCIAL SECURITY NUMBER _____

POSITION DESIRE

- Administrative
- High School (9-12)
- Middle School (7-8)
- Elementary (1-6)
- Kindergarten
- Special (Specify)

SUBJECT/GRADE DESIRED:

List subject/grade in order of teaching preference. Secondary applicants should list only subjects for which they are certified.

"AN EQUAL OPPORTUNITY EMPLOYER"

The New Richmond Exempted Village School District does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

EDUCATIONAL/PROFESSIONAL DATA

NTE SCORES:

Communication Skills _____
Professional Knowledge _____
Other (Specify) _____

PPST SCORES (If applicable)

Reading _____
Mathematics _____
Writing _____

UNDERGRADUATE GPA: Overall _____ Major Field _____
Major Concentration Area _____ Minor Concentration Area _____

GRADUATE GPA: Overall _____ Major Field _____
Major Concentration Area _____ Minor Concentration Area _____

COLLEGE/UNIVERSITY CO-CURRICULAR ACTIVITIES:

COLLEGE/UNIVERSITY EXTRA-CURRICULAR ACTIVITIES:

COLLEGE/UNIVERSITY HONORS RECEIVED/ARTICLES PUBLISHED:

OHIO CERTIFICATION DATA

Certificate Type:

- Provisional
- Professional
- Permanent
- Other (Specify)

Certificate Number: _____

Subject Areas (List) _____

Date Issued: _____

Expiration Date: _____

EDUCATIONAL/PROFESSIONAL TRAINING

| Undergraduate School: | Dates Attended | | Degree | Semester Hrs* |
|-----------------------|----------------|-------|--------|---------------|
| | From | To | | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| Graduate School: | Dates Attended | | Degree | Semester Hrs* |
|------------------|----------------|-------|--------|---------------|
| | From | To | | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

*Quarter hours are reduced by 1/3 to equal semester hours.

TEACHING EXPERIENCE (INCLUDING STUDENT TEACHING)

| School Name/Address/Phone Number | Dates | | # of Years | Grade/Subject |
|----------------------------------|-------|-------|------------|---------------|
| | From | To | | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

RELATED EXPERIENCE (WORKING WITH CHILDREN OUTSIDE OF SCHOOL)

OTHER WORK EXPERIENCE (INCLUDING MILITARY SERVICE IF APPLICABLE)

SPECIAL INTERESTS/HOBBIES/TALENTS (LIST ANY CO-CURRICULAR OR EXTRA-CURRICULAR ACTIVITIES YOU ARE INTERESTED IN AND QUALIFIED TO COACH, SPONSOR, OR ADVISE)

REFERENCES

| | | |
|---------------|-------------|-----------------|
| Name _____ | Title _____ | Phone (H) _____ |
| Address _____ | | Phone (W) _____ |
| Name _____ | Title _____ | Phone (H) _____ |
| Address _____ | | Phone (W) _____ |
| Name _____ | Title _____ | Phone (H) _____ |
| Address _____ | | Phone (W) _____ |

To the applicant: Please use this space for any additional information you feel would be valuable in the consideration of this application.

I hereby authorize the New Richmond Exempted Village School District Board of Education to check any or all references including a release of information by any former employer and its employees and agents, as well as other persons and/or organizations in regard to my personal/professional work record including, but not limited to, attendance, quality and quantity of work performance, technical ability and interpersonal skills. I release any former or current employer contacted by the school district from any and all liability, actions, causes of action and damages in the event that I am not employed by the school district for any reason. In addition, I consent to a criminal records check through the Ohio Bureau of Criminal Identification and Investigation in accordance with O.R.C. 3319.39, which includes fingerprinting as part of the process. In the event that the BCI report is not received prior to my effective date of employment, if I am the successful candidate, my employment is considered conditional upon the BCI report to the New Richmond Exempted Village School District Board of Education being satisfactory. I understand that any conviction record for any felony, offense of violence, theft offense, and any drug abuse offense above the level of a minor misdemeanor, or any offense involving abuse of children, would disqualify me for employment in the New Richmond Exempted Village School District, or constitute grounds for termination if I am employed by the New Richmond Exempted Village School District.

I certify that all statements made by me in this application are true, complete and correct to the best of my knowledge, and I am aware that any false statements will be sufficient cause for rejection or dismissal.

Applicant Signature

Date

For Office Use Only

Date Sent:

SRI Perceiver Score:

Date Received:

Writing Sample:

Interviewed By:

BCI Report:

Comments: _____

Revised: March 1994