

SOUTHERN LOCAL SCHOOL DISTRICT
ADMINISTRATIVE APPLICATION

NAME (Last, First, Middle) _____

DATE _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE/CELL PHONE NUMBER _____

CELL PHONE NUMBER _____

EMAIL ADDRESS: _____

EMPLOYMENT DESIRED: In order for this application to be considered, you **MUST**, submit a resume with 3 references, a copy of your License/Certificate, university official transcripts, and the Release for References form with this application.

Professional Position Desired (Superintendent, Principal, Assistant Principal, Treasurer, i.e.): _____

EDUCATIONAL DATA:

| EDUCATION | INSTITUTION/ADRESS | DEGREE | MAJOR/MINOR | SEMESTER HRS | DATE RECEIVED |
|---------------|--------------------|--------|-------------|--------------|---------------|
| Undergraduate | | | | | |
| Masters | | | | | |
| Post Masters | | | | | |

Total Semester Hours: _____

EMPLOYMENT DATA: (begin with your current employer. Please include both school and non-school experience.)

| DATES FROM & TO | EMPLOYER NAME & ADDRESS | DUTIES | REASON FOR LEAVING | SUPT/PRINCIPAL SUPERVISOR | HIGHEST SALARY |
|-----------------|-------------------------|--------|--------------------|---------------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

May we contact your present employer? _____

PERSONAL REFERENCES: (persons who are qualified to provide information concerning your qualifications.)

 NAME/TITLE ADDRESS/EMAIL ADDRESS PHONE

 NAME/TITLE ADDRESS/EMAIL ADDRESS PHONE

 NAME/TITLE ADDRESS/EMAIL ADDRESS PHONE

CERTIFICATION HELD:

 TYPE STATE DATE EXPIRES

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Have you held a Continuous Contract before? _____ If yes, please attach a copy.

Total number of STRS Ohio service credit? _____ If any, please attach current STRS Statement.

Can you perform this job without special accommodations? _____ If no, please explain. _____

CREDENTIALS

In order for this application to be considered, you must, submit a resume with 3 references a copy of your license/certificate, and university official transcripts with this application to the Southern Local Superintendent before Board action. Please complete the Release for References, and return it with your application.

Final applicants will receive a Criminal Records check for employment.

Your application will remain on file for one year.

The Southern Local School District is an equal opportunity employer and is in compliance with Section 504 of the Rehabilitation Act of 1973.

Incomplete applications will not be considered.

Return completed application to:

Southern Local School District
ATTN: Thomas Cunningham, Superintendent
38095 State Route 39
Salineville, OH 43945-9726

As an applicant for a position with the Southern Local School District, I have been asked to furnish information for use in reviewing my background and qualifications. I hereby authorize the District, person, school current or past employer, governmental body (including law enforcement agencies and licensing agencies) and any other person or entity, to provide Southern Local School District with any and all information and opinions about me, and I release all such persons and entities from any duty they may otherwise have concerning my privacy expectations and from any and all other legal liability for furnishing such information or opinions. I hereby authorize the District to inquire and verify information contained herein and the District shall not be liable for any damage which may result from such inquiry or verification. I understand that any misleading or untruthful statement on this application may result in my dismissal. I also understand that convictions on certain criminal offenses may disqualify me from being hired or from continued employment. If accepted for employment, this application will become a permanent part of the Southern Local School District personnel records.

SIGNATURE

DATE

Type or Print Name

RELEASE FOR REFERENCES FORM

Authorization to Release Information

As an applicant for a position with the Southern Local School District, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize any person, school current, or past employer, governmental body (including law enforcement agencies and licensing agencies), and any other person or entity, to provide Southern Local School District with any and all information and opinions about me, and I release all such persons and entities from any duties they may otherwise have concerning my privacy expectations and from any and all other legal liability for furnishing such information or opinions.

Signature

Witness Signature

Type or Print Name

Type or Print Name

Date

Address
