

BETHEL LOCAL 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. 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.
“Bethel Local School District Superintendent Search”
P.O. Box 476
New Albany, Ohio 43054

Or email materials to: dcampbell@k12consulting.net

Direct Questions concerning the position to:
Deb Campbell (937) 215-7068
Karel Oxley (419)549-0245

Application Deadline March 6, 2019

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 (not including fringe benefits) Base salary expectations (not including fringe benefits)

Do you hold a valid Ohio Superintendent License? Yes
 No

Type of certificate

City

Local

Other (Indicate)

Certificate Number

Have you ever been convicted of a crime that would prevent you from qualifying for this position? If yes, please explain on a separate sheet of paper. Note: are candidates subject to a criminal background check. Yes
 No

Military Experience:

Branch of Service	Years	
Present Military affiliation	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>
None	Reserve/NGUS (active)	Reserve (inactive)

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: <input type="text"/> Business
Name	Type of Acquaintance
Street Address, City, State, ZIP Code	Phone Home: <input type="text"/> Business:
Name	Type of Acquaintance
Street Address, City, State, ZIP	Phone Home <input type="text"/> 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:

