

CURRENT SCHOOL DISTRICT INFORMATION:

Name of school district: _____

Title of your position: _____

District Enrollment (ADM) _____ District Valuation _____

School District Budget: General Fund: _____ Total All Funds: _____

Number employed by district: Certified: _____ Classified: _____

MILITARY EXPERIENCE:

Number of years of service: _____ From: _____ To: _____ Military Branch: _____

PROFESSIONAL EXPERIENCE:

Please list experience in chronological order – teaching experience first, then administrative experience.

SCHOOL	POSITION	DATE	REASON FOR LEAVING
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ACADEMIC TRAINING:

INSTITUTION	DATES OF ENROLLMENT	DEGREE	MAJOR
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INSTITUTION	DATES OF ENROLLMENT	DEGREE	MAJOR

PLACEMENT OFFICE:

Please list name and address of the institution where your credentials are filed. Please have credentials forwarded.

REFERENCES:

Please list name, address and telephone number of three professional colleagues who have specific knowledge of your qualifications for this position.

Name: _____ Occupation: _____

Address: _____ Phone: _____

Name: _____ Occupation: _____

Address: _____ Phone: _____

Name: _____ Occupation: _____

Address: _____ Phone: _____

SPECIAL RECOGNITION OR HONORS RECEIVED:

MEMBERSHIP IN PROFESSIONAL AND CIVIC ORGANIZATIONS:

OTHER PROFESSIONAL EXPERIENCES OR ACHIEVEMENTS THAT HAVE BEEN VALUABLE TO YOUR CAREER:

PLEASE DESCRIBE YOUR STRENGTHS IN THE AREA OF SCHOOL/COMMUNITY RELATIONS:

PLEASE DESCRIBE YOUR EDUCATIONAL PHILOSOPHY:

PLEASE EXPLAIN YOUR MOTIVATION FOR MAKING APPLICATION FOR THIS POSITION:

PLEASE DESCRIBE THREE MAJOR ACCOMPLISHMENTS IN YOUR LAST POSITION THAT WERE A DIRECT RESULT OF YOUR LEADERSHIP:

PLEASE DESCRIBE TWO PROJECTS IN YOUR LAST POSITION THAT WERE NOT ACCOMPLISHED DESPITE YOUR BEST EFFORTS. PLEASE EXPLAIN WHY:

APPLICATION REQUIREMENTS:

The Governing Board of the Adams County Ohio Valley School District will consider all applicants who complete the application procedures as listed. Consideration will not be given to any applicant who has not met all of the application requirements by the deadline stated on this application form.

A completed application will consist of the following information:

- Receipt of a letter emphasizing qualifications and recent achievements.
- Receipt of a completed application form (signed and dated).
- Receipt of a current professional resume.
- Receipt of three Educational Leadership Reference Forms.
- Receipt of transcript of credits and credential file.
- Receipt of current certification as an Ohio School Supervisor’s or documentation from the Ohio Department of Education that one is obtainable prior to the application deadline.

APPLICATION MATERIALS ARE TO BE SENT TO:

**Personnel Office
Adams County Ohio Valley School District
141 Lloyd Road
West Union, OH 45693**

APPLICATION DEADLINE: (Check current posting.)

STATEMENT OF CERTIFICATION AND AUTHORIZATION:

I certify that the application information provided to the Adams County Ohio Valley School District is accurate to the best of my knowledge and belief. I understand that any information provided to the Governing Board during the application process that is false or misleading may result in denial of consideration for employment or immediate termination of my employment if hired.

I authorize the Governing Board of the Adams County OhioValley School District, or a designee, to conduct any and all investigations the Board deems necessary.

I certify that I have read and understand the procedures which are outlined in the application materials for consideration as Supervisor of the Adams County Ohio Valley School District.

Signature of Applicant

Date

*The Adams County Ohio Valley School District
is an Equal Opportunity Employer.*

ADAMS COUNTY OHIO VALLEY SCHOOL DISTRICT
141 Lloyd Road
West Union, OH 45693

EDUCATIONAL LEADERSHIP REFERENCE FORM

_____ is applying for the position of _____
with the Adams County Ohio Valley School District. You have been identified as a professional colleague who has specific knowledge regarding the applicant's qualifications as they relate to this position. Each completed Educational Leadership Reference Form will be held in strict confidence. This form should be returned directly to the Superintendent or Personnel Director. Thank you for your candid evaluation of this applicant.

1. How long have you known the applicant? _____ Under what circumstances? _____

2. If given the opportunity, would you select this applicant for a position as _____?
[] Yes
[] No. If your answer is "no," please explain your response on the back of this page.

3. To the best of your knowledge and belief, is there any reason why this applicant should not be considered as a candidate for this position? [] Yes [] No. If your answer is "yes," please explain your response on the back of this page.

4. Please rate the applicant on the following leadership qualities and skills.

(1)	Unsatisfactory	(2-3)	Below Average	(4-6)	Average
(7-9)	Above Average	(10)	Excellent	(UK)	Unknown

Communication Skills	_____	Short-Term Planning Skills	_____
Common Sense	_____	Long-Term Planning Skills	_____
Organizational Skills	_____	Knowledge of School Law	_____
Knowledge of School Finance	_____	Skill in Delegation	_____
Ability to Evaluate	_____	Knowledge of Curriculum	_____
Integrity	_____	Ability to Work with Others	_____
Self-Control	_____	Goal Orientation	_____
Decision Making Skills	_____	Flexibility	_____
Work Ethic	_____	Cooperatives	_____

5. Please list four adjectives which best describe the strengths of the applicant.

(1) _____ (2) _____

(3) _____ (4) _____

Signature Date Title

Address Telephone

Please return the completed Educational Leadership Reference Form to:

Adams County Ohio Valley School District
141 Lloyd Road
West Union, OH 45693