FAIRFIELD UNION LOCAL SCHOOL DISTRICT 6417 CINCINNATI-ZANESVILLE ROAD NE LANCASTER, OHIO 43130

APPLICATION FOR ADMINISTRATOR

PERSONAL INFORMATION			DATE OF APPLICATION:					
Last Name	First			Middle		Social Sec	curity Number	
Street Address				City		State	Zip	
Telephone Numbers								
Home:								
Work:								
Are you currently under contract to a	nother distri	ct?	Yes	No				
If you answered yes, when does the	contract expi	re?						
Date available for employment?								
Current base salary? (Not including fringe benefits)			Base salary expection (Not including fri					
Do you hold a valid Administrator C	ertificate/Lic	ense?	Yes	No				
Type of Certificate/License								
Certificate/License Number								
Have you ever been discharged or re	quested to re	sign from a tea	aching or a	dministrativ	ve position?	Yes	No	
Have you ever had a teaching certific	cate/license r	evoked?	Yes	No	0			
Note: Candidates are subject to a cri	iminal backg	round check.						
If yes to any of the above questions,			m this appl	ication.				
MILITEA DAY EMPEDIENCE								
Branch of Service?		Years?			From?		То?	
Present Military Affiliation?	None	Reserve	e/NGUS (A	ctive)	Reserve	(Inactive)		
CURRENT EMPLOYMENT IN	JEODMAT	TON						
Name of District	TORWAT	1011		7	Your Title			
Have you ever held a continuing con	tract in Ohio	? Yes	No)				
If yes, what district?				Date Grant	ted			

EDUCATIONAL HISTORY - PLEASE INCLUDE ON RESUME
PROFESSIONAL EXPERIENCE - PLEASE INCLUDE ON RESUME
LIST OTHER WORK EXPERIENCE
LIST OTHER ACTIVITIES/SERVICE
WHY ARE YOU INTERESTED IN THIS POSITION?
DESCRIBE TWO OF YOUR MAJOR CAREER ACCOMPLISHMENTS
DESCRIBE A DISCOURAGING OR CHALLENGING SITUATION IN YOUR EDUCATIONAL CAREER AND HOW YOU OVERCAME THE SITUATION

SCDIDE HOW VOI	U WOLLD DROVIDE LEADERSHIP TO THE SCHOOL STAFE
ESCRIBE HOW YOU	U WOULD PROVIDE LEADERSHIP TO THE SCHOOL STAFF
N WHAT BASIS WO	OULD YOU JUDGE YOUR SUCCESS AS A PRINCIPAL?
ESCRIBE YOUR TR	AINING AND EXPERIENCES IN CURRICULUM AND ASSESSMENT
DESCRIBE YOUR EXI EXCELLENCE	PERIENCE AND ABILITY TO MANAGE DATA FOR THE PURPOSE OF ACADEMIC
ACEEEEITCE	

REFERENCES

Please list below the names and addresses of five 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 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 Code	Phone
	Home
	Business
May representatives of the Fairfield Union Schools c	ontact your current employer? Yes No

Applicant's Signature:					
I certify that the information in this application is true and accurate to the best of my knowledge and belief.					
I hereby authorize representatives of the Fairfield Union Schools to conduct such investigations and to obtain such records (including criminal and credit records) as necessary. 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 require disclosure of applicant information by the school district.					
	Signature of Applicant				
	Date				
If any of your educational or employment records are under other than the above name, please provide other names in the space above.					

SUBMIT ALL APPLICATION MATERIALS TO:

Superintendent
Fairfield Union Local School District
6417 Cincinnati-Zanesville Road NE
Lancaster, Ohio 43130