



## ADMINISTRATIVE APPLICATION

Please return to:  
Office of the Superintendent  
65 West Union Ave.  
McConnelsville, Ohio 43756

DATE: \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Current School District Information

Name of School District \_\_\_\_\_ Your Title \_\_\_\_\_

District Address \_\_\_\_\_ District Superintendent \_\_\_\_\_

May We Contact Your Present Employer? \_\_\_\_\_ Phone Number \_\_\_\_\_

Present Salary? \_\_\_\_\_

Why Do You Wish To Change Positions?

Date Available for Employment? \_\_\_\_\_

Do you hold a valid Ohio Certificate/License? \_\_\_\_\_

### Type of Certificate(s)/License(s)

Type of Ohio License	Expiration

**Educational History**

<i>School Name</i>	<i>Location (City/State)</i>	<i>Major Course or Subject</i>	<i>Dates Attended</i>	<i>Degree</i>

**Professional Experience**

<i>No. Years</i>	<i>Dates</i>	<i>Position Title</i>	<i>School District, Organization</i>	<i>Reason Leaving</i>

**Other Work Experience & Achievements (valuable to your career)**

<i>No. Years</i>	<i>Dates</i>	<i>Position Title</i>	<i>School District, Organization, Achievements</i>

**Military Experience**

Branch of Military \_\_\_\_\_ Training & Duties \_\_\_\_\_

**Professional/Work References** (List three persons who are familiar with the quality of your work; who have worked directly with you, and/or have known you at least two years.) May we contact these persons? \_\_\_\_\_

Reference \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship or Association \_\_\_\_\_

Reference \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship or Association \_\_\_\_\_

Reference \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship or Association \_\_\_\_\_

Provide a statement of why you think the Board of Education should consider you as a candidate for this position:

Discuss the role of an educational administrator in today's schools:

**Applicant's Signature:**

- It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.
- I understand that "any person who knowingly makes a false statement is guilty of falsification under section 2921.13 of the Revised Code, which is a misdemeanor of the first degree."
- I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information, all other persons, corporations or organizations for furnishing such information.
- If I am employed by the Morgan Local Board of Education, I agree to abide by and maintain the rules and regulations adopted by the Morgan Local Board of Education. I will cooperate with the superintendent, administration and other co-workers for the best interest of our students and school system.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To complete your application file, you will need to include a copy of the following:

- All transcripts from all college work
- All current licenses
- Current background check (*this can be done at Morgan Local District Office w/appt.*)
- Completed reference sheets
- Current STRS Time Credit Notice (*five or more years' experience in teaching*)

**This application does not constitute an agreement for employment.**

*The Morgan Local School District Board of Education considers applicants for all positions without regard to race, color, religion, sex, natural origin, age, marital or veteran status., the presence of a non-job-related medical condition or handicap, or any other legally protected status.*

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Application Record:  
For Office Use Only

Application filed: \_\_\_\_\_ 20\_\_\_\_  
Interview: \_\_\_\_\_ 20\_\_\_\_  
Employment Ref. Sheet re'cd: \_\_\_\_\_ 20\_\_\_\_