Fayette R-III School District
705 Lucky Street
Fayette, MO 65248
(660)248-2153

ADMINISTRATOR APPLICATION

Personal Data:

Name_____

Address_____

Telephone_____ **E-Mail**_____

Social Security Number_____

Teacher Retirement Number_____

Position Sought: **Elementary Principal** _____
Middle School Principal _____
High School Principal _____
Superintendent _____

Hobbies, Special Interests_____

Personal Attributes: Please let personal attributes, which you feel would help assure your success in this position.

_____
_____
_____

Highest Degree Held:_____

Colleges/University Attended: (Please list most recent first)

_____ **Degree**_____ **Dates**_____
_____ **Degree**_____ **Dates**_____
_____ **Degree**_____ **Dates**_____
_____ **Degree**_____ **Dates**_____

Total Undergraduate Hours_____
Total Graduate Hours_____

Area(s) of Administrative Certification:_____
_____

Please write a brief response to the following questions:

1. **What, in your opinion, is the most exciting thing happening in education today?**

2. **Cite an experience that you have had in education, which was not completely successful. In retrospect, what changes would you have made to assure success?**

3. **Explain your philosophy on the following:**
   A. **Teacher/Principal Relationships.**

   B. **Student/Principal Relationships.**

   C. **Discipline.**

   D. **Principal as an instructional leader.**

4. **What would you do to foster strong parent involvement in the school?**

Teaching Experience: (Most recent experience first)
Total Years Teaching Experience_____

School District:_____
From_____ to _____ Subject(s) taught:_____
Reason for leaving:_____

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From_____ to _____ Subject(s) taught:_____
Reason for leaving:_____

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From_____ to _____ Subject(s) taught:_____
Reason for leaving:_____

Administrator Experience: (Most recent experience first)
Total Years Administrative Experience_____

School District:_____
From_____ to _____ Position:_____
Reason for leaving:_____

School District:_____
From_____ to _____ Position:_____
Reason for leaving:_____

School District:_____
From_____ to _____ Position:_____
Reason for leaving:_____

References:

_____
(Name) **(Position)**
_____
(Address) **(Telephone)**

_____
(Name) **(Position)**
_____
(Address) **(Telephone)**

_____
(Name) **(Position)**
_____
(Address) **(Telephone)**

I attest the above information to be true to the best of my knowledge and that I am or will be qualified for the position I seek before my contractual obligations begin.

Signature **Date**

Please send placement papers and transcripts and return this application to:
Superintendent of Schools
Fayette R-III School District
705 Lucky Street
Fayette, MO 65248

It is the policy of the Fayette School District to provide equal opportunities for employment, promotion, and education without regard to sex, age, color, creed, national origin and/or handicap.