



Administrator Application for Employment

Groveport Madison Local School District
Certified Personnel Department
5940 Clyde Moore Drive, Suite C
Groveport, Ohio 43125
Phone: 614-492-2520 Fax: 614-492-2532
Website: www.gocruisers.org

Date: _____

Personal Information (Please Print Clearly)

1. Name _____
Last First Middle Maiden

2. Present Address _____
Street City State Zip Code

3. Daytime Phone () _____ E-mail _____

Cell Phone _____ Home Phone () _____

4. Permanent Address _____
(If different from above) Street City State Zip Code

Phone () _____

5. Cell Phone _____

6. Eligible for employment with the United States? Yes _____ No _____

7. Military Service: Yes ___ No ___ If yes, Branch of Service _____

No. of Years _____ Rank _____ Special Training _____

8. Position(s) for which application is being made (be specific): Examples: Elementary Principal, High School Principal, etc. **Applicant must be licensed/certified in each area of choice.**

First Choice _____

Second Choice _____

Third Choice _____

9. Copies of transcripts of undergraduate and/or graduate courses completed must be received before the applicant can be considered for employment. Upon employment an official transcript and license must be provided to the Personnel Office prior to the issuance of the first pay.

FOR OFFICE USE ONLY

Interview Date _____

App. Number _____

V. Number _____

Interviewer _____
(Initials)

Licensure/Certification

Ohio law requires that all teachers, principals, and other professional school personnel hold an Ohio license/certificate. It is your responsibility to obtain and maintain your license/certificate in a current status. Indicate the type of license/certificates you hold.

License/Certificate Type	Date of Expiration	Licensed Areas
<i>Example: Elementary Principal</i>	<i>2004</i>	<i>K-3</i>

If not currently licensed: Have you applied for licensure in Ohio? Yes ___ No ___

Areas to be licensed _____

Other states in which you hold a valid teaching certificate and areas of certification: _____

Please include a copy of all license/certificates held.

Educational Background

Level of College Education	Name of School or University	State	Degree	Major/Minor	GPA
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Administrative/Teaching Experience

School District	Address	Phone No.	No. of Years Employed	Grades/Subjects Taught	Supervisor
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Have you ever held a continuing contract in another Ohio school system? _____

If yes, when and where _____

Work Experience Other Than Teaching

(List Chronologically)

Employer	Address	Type of Work	No. of Years Employed	Supervisor's Name and Phone Number
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-References-

Please provide three references.

These should be persons qualified and willing to give an honest appraisal of your fitness as an administrator or as a prospective administrator. Include superintendent and/or principal under whom you last worked.

Print Full Name	Complete Address (Street, City, and State)	Phone Number	Position

- Additional Information -

Please check appropriate answer:

Yes No

___ ___ Have you ever been suspended, dismissed, fired, or discharged from a position of employment?

___ ___ Have you ever had a teaching certificate suspended or revoked?

___ ___ Have you ever been asked to resign from a position of employment?

___ ___ Have you ever been convicted of any violation of the law other than a minor traffic ticket?

___ ___ Are there any reasons why you would not be able to perform any of the essential functions of the job for which you are applying?

If your answer to any of the above questions is yes, please explain on a separate page and include with this application.

* I authorize the Groveport Madison Local School District (the "District") to investigate any information contained in this application. I authorize any former employer listed on this document to provide the District with any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that a background check and fingerprinting will be completed through the Bureau of Criminal Investigation (BCI) in accordance with Section 3319.39 of the Ohio Revised Code. I hereby release all parties from any and all liability for any damage that may result to me from the release of such information.

* I understand that if I am employed prior to the District's receipt of the BCI report and/or verification of my work experience and education, my continued employment will be conditioned upon: 1) satisfactory work and educational experience as verified by contacts with former employers and/or universities; and 2) receipt of a report demonstrating that I am in compliance with the Board of Education's rules and regulations regarding applicant/employee criminal records and disclosure of criminal conviction(s) listed in this application.

* I further understand that this application and other District documents are not intended to be contracts of employment, nor does this application obligate the District in any way to employ me.

* The facts set forth in this application for employment are true and complete. I understand that any false statement or omission on this application may result in my disqualification or dismissal from employment.

By affixing my signature, 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.

Signature of Applicant _____ Date _____

This application shall remain active for 90 days, after which I must reapply.

QUESTIONS: Please answer the following questions:

1. Why do you want to be a school principal?

2. What do you consider to be your strengths as a school principal?

3. In your previous experience, in what ways have you most influenced a school community?

4. As a principal, what communication approaches or systems are (would be) most effective for you?

5. What methods or approaches do you use most to bring about changes in a school?

6. How do you delegate responsibilities to others?
