

SUPERINTENDENT APPLICATION BOX ELDER SCHOOL DISTRICT

A. PERSONAL INFORMATION

Date _____

Full Name _____

Present Address _____

City _____ State _____ Zip _____

Telephone Number _____ e-mail address _____

Present Position _____

B. EDUCATIONAL PREPARATION

Institution of Higher Learning	Location City and State	Degree	Major	Minor	Honors

C. LICENSE INFORMATION

Check the licenses you now hold:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Administration | <input type="checkbox"/> Librarian | <input type="checkbox"/> Speech and Hearing |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Counselor | <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Other _____ | | |

(List additional information under Section K)

Kind of License	Date Effective	State Issued by	Expires	Additional Description

D. PROFESSIONAL EXPERIENCE

Regular Teaching:

District, School, City, State	Grade or Subject	Dates

Administrative Assignments:

District, School, City, State	Grade or Subject	Dates

Other Professional Experience:

From	Dates To	Employer and Location	Type of Work and/or Position

E. GIVE THREE PROFESSIONAL REFERENCES THAT WE MAY CONTACT

Name	Address and Telephone Number	Position or Occupation

F. LIST RELATIVES NOW EMPLOYED IN THE BOX ELDER SCHOOL DISTRICT

Name	Relationship	Where Employed

G. PLEASE INITIAL YOUR RESPONSE TO EACH OF THE FOLLOWING:

- Yes ___ No ___ 1. Have you ever been convicted of a felony or crime of moral interpetude? If yes, write explanation on back of application.
- Yes ___ No ___ 2. Are you a U.S. Citizen?
- Yes ___ No ___ 3. If you are not a U.S. Citizen, have you received INS Authorization to work in the United States?
- Yes ___ No ___ 4. Do you understand that you are responsible to complete the following prior to receipt of your first pay check once hired:
- (a) Complete the Federal I-9 "Employment Eligibility Verification" forms and supply the appropriate documents.
 - (b) Complete the required fingerprinting that facilitates a criminal background check.
 - (c) Provide a current Utah State Administrative Certificate or a Letter of Authorization from the State Board of Education that qualifies you to function in this assignment.
- Yes ___ No ___ 5. Are you willing to have your home address and telephone number listed in the district employee directory during the duration of your employment with the Box Elder School District?

H. POLICY ON DISCRIMINATION AND HARASSMENT

Please read and sign that you understand the following:

In keeping with Federal EEO guidelines the Box Elder School District strongly disapproves of discrimination and harassment which is defined as unwelcome conduct, whether verbal or nonverbal, which disadvantages persons or is demeaning or derisive to individuals or groups of people and occurs substantially because of the race, color, national origin, sex, religion, pregnancy, disability, age, status as a veteran of the Vietnam era, or any other legally protected class(es) as defined by applicable state and federal law which creates a hostile work or learning environment for any employee, student or visitor. Violation of this policy will result in immediate disciplinary action against any employee engaging in such activity, including the possibility of termination. Those who believe they have been subjected to such conduct are strongly encouraged to report it. They are assured that they will suffer no retaliation because of their report.

Signature _____ Date _____

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize the Box Elder Board of Education or their designee to investigate, either orally or in writing, any and all of my past and present work, education, and law enforcement records to ascertain any and all information which may be pertinent to my employment qualifications. The release of any and all information is authorized whether same is of record or not, and I do hereby release from all liability persons and organizations reporting information required by this application.

I understand that any false statements or deliberate material omissions shall be sufficient cause for dismissal or disqualification from employment. I hereby waive any right to see any written materials submitted to the Box Elder District in response to the above inquiries or notes of any oral communication relative to such inquiries. I understand that if I am hired by the Box Elder District and any information received in response to the above inquiries is placed in my personnel file, that I may be denied the right to inspect such material. In the event I am employed by the Box Elder School District, I also give my permission for the Box Elder Board of Education or their designee to provide on request from future prospective employers, any information relating to my employment with the Box Elder School District.

Signature _____ Date _____

J. PROVISION ON TERMINATION

On April 7, 1986, a Federal law was enacted (P.L. 99-272, Title X COBRA) which requires employers who provide group health plans to offer employees and their families the opportunity for a temporary extension of health coverage (called "Continuation Coverage") at group rates in certain instances where coverage under the plan would otherwise end. This prior notice is required by law and is intended to inform you of your rights to this coverage. Your signature assures us that you now know that it is your obligation under the law, to read and understand the COBRA stipulations that will be furnished you if you are offered a contract. You understand that you will need to sign the forms verifying that you will comply with the stipulations contained therein.

Signature _____ Date _____

K. ADDITIONAL INFORMATION: (Refer to the appropriate sections A-K for each comment made.) NOTE: Many times individuals may have many hours of schooling outside their major or minor or have a block of training (like foreign language, special education, vocational education, computer technology, etc.,) please list them below. Please list any other additional information.

L. APPLICATION PACKET

A Complete Application includes the following items:

1. Completed application form contained in this booklet.
2. Detailed letter outlining:
 - a. Personal philosophy of education.
 - b. Special competencies related to the superintendency.
 - c. Interest in this particular position.
3. Written response to the following questions:
 - a. Describe for us your procedure for dealing with conflict.
 - b. Identify the leadership methods and style you would use to establish effective communication and working relationships with the community.
4. Current resume in which professional preparation, experience, and a record of scholarly achievement are clearly detailed.
5. Transcripts of all college and university credits.
6. Evidence of outstanding professional qualifications, including an administrative/supervisory license issued by the Utah State Board of Education or a Letter of Authorization from the State Board of Education. It is preferred that candidates hold a Doctorate Degree.

All applications and other materials must arrive at the Utah School Boards Association office no later than 1:00 P.M., on Wednesday, March 16, 2010.