**SUPERINTENDENT APPLICATION**

**BOX ELDER SCHOOL DISTRICT**

1. **PERSONAL INFORMATION**  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EDUCATIONAL PREPARATION**

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| --- | --- | --- | --- | --- | --- |
| Institution of Higher Learning | LocationCity and State | Degree | Major | Minor | Honors |
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1. **PROFESSIONAL EXPERIENCE**

Employment History (including administrative assignments, financial management and/or

 technology assignments and educational leadership):

|  |  |  |
| --- | --- | --- |
| Employer (including address  and supervisor) | Major Responsibilities and Accomplishments | Dates |
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 Other Professional Experience:

 Box Elder School District welcomes candidates without traditional K-12 educational experience. Please explain your training, background and qualifications.

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1. **ADDITIONAL INFORMATION:**

List any additional qualifications or experiences that prepare you for this position such as foreign language, business management, financial management, special education, vocational education, information technology, etc.

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1. **LICENSE INFORMATION**

Check the licenses you now hold:

 Elementary Administration Librarian Communication Disorders

 Secondary Counselor Reading Specialist Special Education

 Early Childhood Career and Technical Education School Social Worker

 School Psychologist Other ­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(List additional information under Section D)

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| --- | --- | --- | --- |
| Type of License | Effective Dates | State of Issue | Additional Description |
|  |  |  |  |
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1. **LIST THREE PROFESSIONAL REFERENCES THAT WE MAY CONTACT**

|  |  |  |
| --- | --- | --- |
| Name | Address and Telephone Number | Position or Occupation |
|  |  |  |
|  |  |  |
|  |  |  |

1. **LIST RELATIVES NOW EMPLOYED IN THE BOX ELDER SCHOOL DISTRICT**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Where Employed |
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1. **PLEASE INITIAL YOUR RESPONSE TO EACH OF THE FOLLOWING:**

Yes \_\_\_ No \_\_\_ 1. Have you ever been charged with or convicted of a felony or crime of moral turpitude?

 Please explain using a separate sheet.

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?

1. **PREVIOUS PERFORMANCE INFORMATION**
2. Indicate the circumstance, if any, where you were formally disciplined for behavior or performance on the job.

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1. Have you ever been dismissed from employment? If so, describe circumstances and identify employer:

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1. Have you ever left an employer to avoid disciplinary measures? If so describe circumstances and identify employer:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you ever been charged with misconduct by another employee or employer for which an investigation

 substantiated the charge? If so describe circumstances and indicate employer.

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 I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment,

 I understand that false or misleading information given may result in discharge.

 Print Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please return this form and all Application materials by

 Mr. Richard Stowell

 860 East 9085 South

 Sandy, UT 84094