

**APPLICATION FOR SCHOOL ADMINISTRATOR POSITION**

**Marshall Public School District**

**860 W. Vest**

**Marshall, MO 65340**

**660-886-7414**

**We afford equal opportunity to qualified individuals regardless of their age, race, color, national origin, ancestry, religion, socio-economic status, marital status, sex, handicaps or memberships in legally constituted organizations to the extent required by all applicable laws.**

**(Please Print or Type)**

**POSITION DESIRED**

- \_\_\_\_\_ Superintendent
- \_\_\_\_\_ Assistant Superintendent/Program Director
- \_\_\_\_\_ Building Principal
- \_\_\_\_\_ Assistant Principal

**PERSONAL INFORMATION**

Name:	Date of Application:
_____	_____
Business Address	Business Telephone Number
_____	_____
Home Address:	Home Telephone Number
_____	_____
E-mail Address (optional):	
_____	

Are you a United State citizen or able to work legally in this country?     Yes     No

Have you ever been convicted of a crime:     Yes     No

Are you presently under contract with any school district for next year?     Yes     No

Present Position \_\_\_\_\_ Current Salary \_\_\_\_\_

Current District Student Enrollment \_\_\_\_\_ School Building Enrollment \_\_\_\_\_

Date available for employment \_\_\_\_\_

**CERTIFICATIONS**

Certification Area	Grade Levels	Life or Date Certification Expires
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of certificate(s) Held: \_\_\_\_\_

**PROFESSIONAL PREPARATION Highest Degree Earned:**

Institution and Location	Dates Attended	Graduation Date	Degree	Credit Hour Earned

**SUMMARY OF PROFESSIONAL EXPERIENCE (Teaching/Administrative Experience)**

**NOTE: Begin with most recent**

Name/Location	Assignment	Years Completed	Supervisor/Phone No.	Reason for Leaving

**WORK EXPERIENCE (Other than Teaching)**

**Note: Begin with most recent**

Name/Location	Period of Service	Type of Work	Reason for Leaving

**PROFESSIONAL MEMBERSHIPS**


**REFERENCES**

List at least three references, especially supervisors, principals or superintendents under whom you have taught, who are qualified to answer questions concerning your fitness for the position you seek.

Name	Present Address	Phone Number	Official Position & Dates Acquainted With Your Work
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**ADDITIONAL INFORMATION**

The following questions are designed to help us begin to know you as a person and as a professional. Your concise and candid responses are very important to us.

1. What professional experiences make you an excellent candidate for an administrative position in the Marshall Public School District?

Empty response area for question 1.

2. What do you consider to be your major strengths?

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3. What characteristics or areas do you consider to be challenges?

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4. How would you know if a teacher was student centered?

5. How would you know if a teacher wasn't student-centered?

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6. Please explain your approach to teacher development and improvement.

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7. Briefly describe your philosophy for helping all children achieve at high levels.

8. What do you do for fun?



**AGREEMENT**

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Marshall Public School District, which reserves the right to accept or reject it. I further agree to observe all rules, regulations, and policies of the Marshall Public School District now in force and effect or as they may change during my employment, if I am employed by the District. I also hereby authorize the District to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal convictions, driving records, previous employers and educational institutions, personal references, professional references and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liabilities in connection with its release or use.

(    ) I request this application and consideration of the same be kept confidential.

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Signature of Applicant