

MSAD #7 NORTH HAVEN COMMUNITY SCHOOL

APPLICATION
Part-time Special Education Director

The MSAD #7 Board of Directors does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination.

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____ Home Phone _____

City State Zip Office Phone _____

Email Address _____ I may be contacted: at work _____ at home _____ email _____
(please check)

APPLICATION INSTRUCTIONS

A person will be considered an applicant only when the following items are received:

1. A letter of application in which you describe why you would like to be a special education director with MSAD #7, North Haven, Maine.
2. A completed and signed application form. (Please give all information requested on the application, even though it may be duplicated on your resume.)
3. The two personal statements requested in this application.
4. A current resume.
5. Current letters of reference from a minimum of three persons.
6. A copy of your Maine Special Education Director certificate or evidence that you are eligible for certification as a superintendent in Maine and have submitted an application to the Maine Department of Education.
7. College/University transcripts.

Send all information to:
MSAD #7 Special Education Director Search

Please note:

93 Pulpit Harbor Road
North Haven, Maine 04853

On the completion of the search,

all application materials will be
retained by the MSAD#7 Board.

All application documents listed above must be postmarked on or before April 20, 2020.

Applicants are requested not to contact members of the Board of Directors.

CURRENT SCHOOL DISTRICT INFORMATION

Are you presently under contract to a school system?

Yes _____ No

If so, when does your contract expire? _____

Name of system _____ State _____

Position _____ Present Salary _____

CERTIFICATION INFORMATION

Are you currently certified as a Special Education Director in Maine?

Yes _____ (expiration date: __/__/__) No _____

OR

Are you eligible to be certified as a Special Education Director in Maine?

Yes _____ No _____

Are you presently certified as a Special Education Director in another state?

Yes _____ No _____

If yes, in what state(s)? _____

NOTE: Candidates who do not hold the Maine Special Education Director Certificate (010) should contact the Maine Department of Education, Division of Certification and Placement, 23 State House Station, Augusta, Maine 04333; Tel. (207) 624-6603.

ACADEMIC AND PROFESSIONAL TRAINING

Colleges/Universities Attended	Location	Degree	Number of Years Completed
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please have copies of your college/university transcripts and any other credentials on file sent to the Search Consultant at the address on this application.

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS

PROFESSIONAL EXPERIENCE (Please list, beginning with your current or most recent experience.)

Number Years	Dates From/To	Position/Responsibilities	School System
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_____	_____	_____	_____
_____	_____	_____	_____

OTHER RELEVANT WORK EXPERIENCE AND ACHIEVEMENTS

CIVIC AND COMMUNITY INVOLVEMENT

PERSONAL STATEMENTS - As a means of learning more about you, the Board requests that you respond to the questions below. Please answer the questions directly and cite examples to support your positions. Each response should be limited to no more than one page.

1. Describe why you want to be the part-time Special Education Director for North Haven Community School and what you would bring to the job. Include how you would oversee a teacher & program if you worked remotely some of the time.
2. What three personal and/or professional characteristics do you consider most important for a successful Special Education Director.

REFERENCES - Please list the names of the people providing the three current letters of reference requested with this application and indicate by number which of them best know: (1) your ability as an administrator; (2) your personal qualities and character traits; or (3) your scholastic or other attainments.

#	Name	Position	Address	Phone

OTHER INFORMATION - The MSAD #7 Board of Directors is committed to conducting a thorough screening of applicants for all positions and requires the completion of the following questions of all candidates.

Have you ever been disciplined, discharged or asked to resign from a prior position? Yes___ No___

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes___ No___

Has your contract in a prior position ever been non-renewed? Yes___ No___

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes___ No___

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes___ No___

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes___ No___

Have you ever entered a plea of guilty or “no contest” (nolo contendere) to any crime (other than a minor traffic offense)? Yes___ No___

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes___ No___

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes___ No___

If you have answered YES to any of the previous questions, provide full details on an additional sheet including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that the MSAD #7 Board of Directors contacts in connection with my employment application to fully provide the MSAD #7 Board of Directors any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the MSAD #7 Board of Directors, its agents and officials, or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Date

Signature

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF THE MSAD #7 SCHOOL DISTRICT. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.

The MSAD #7 school district is an Equal Opportunity Employer.