

# Old Fort Local Schools Application for Superintendent

Please type or print in black ink.

Date of Application: \_\_\_\_\_

---

## Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

---

Are you under contract with another district?

Yes      No

If yes, when does the contract expire?

\_\_\_\_\_

When are you available for employment?

\_\_\_\_\_

---

Current base salary?

\_\_\_\_\_

Base salary expectation?

\_\_\_\_\_

Do you currently hold a valid Ohio  
Superintendent's Certificate/ License?

Yes      No

Have you ever been non-renewed?

Yes      No

If no, date expected: \_\_\_\_\_

If yes, please explain why: \_\_\_\_\_

---

---

Educational History:

**High School:**

School Name:

\_\_\_\_\_

Location (city, state):

\_\_\_\_\_

---

**College (list all attended):**

School Name:

\_\_\_\_\_

Location (city, state):

\_\_\_\_\_

Major course or subject:

\_\_\_\_\_

Dates Attended (from/to):

\_\_\_\_\_

Graduated:

Yes No

Degree:

\_\_\_\_\_

---

School Name:

\_\_\_\_\_

Location (city, state):

\_\_\_\_\_

Major course or subject:

\_\_\_\_\_

Dates Attended (from/to):

\_\_\_\_\_

Graduated:

Yes No

Degree:

\_\_\_\_\_

---

School Name:

\_\_\_\_\_

Location (city, state):

\_\_\_\_\_

Major course or subject:

\_\_\_\_\_

Dates Attended (from/to):

\_\_\_\_\_

Graduated:

Yes No

Degree:

\_\_\_\_\_

---

School Name:

\_\_\_\_\_

Location (city, state):

\_\_\_\_\_

Major course or subject:

\_\_\_\_\_

Dates Attended (from/to):

\_\_\_\_\_

Graduated:

Yes No

Degree:

\_\_\_\_\_

---

Current School District Information:

Name of district: \_\_\_\_\_

Job Title: \_\_\_\_\_

School District Budget: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Total Student Enrollment: \_\_\_\_\_

---

Professional Experience:

Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet. You may attach a resume, but a complete application is required as well.

No. of  
Years:

Dates (from/to):

Position Title:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School District/Organization, Address:

Reason for Leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of  
Years:

Dates (from/to):

Position Title:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School District/Organization, Address:

Reason for Leaving:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

No. of  
Years:

Dates (from/to):

Position Title:

---

---

---

School District/Organization, Address:

Reason for Leaving:

---

---

---

No. of  
Years:

Dates (from/to):

Position Title:

---

---

---

School District/Organization, Address:

Reason for Leaving:

---

---

---

No. of  
Years:

Dates (from/to):

Position Title:

---

---

---

School District/Organization, Address:

Reason for Leaving:

---

---

---

No. of  
Years:

Dates (from/to):

Position Title:

---

---

---

School District/Organization, Address:

Reason for Leaving:

---

---

---

---

References:

Please list below the names and address of five persons who can speak of your professional competency and character.

Name/Job Title: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Job Title: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Name/Job Title: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Name/Job Title: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Name/Job Title: \_\_\_\_\_ Number of Years Known: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

---

Does the board of education or its agents have your permission to contact the above named persons?

Yes No

Does the board of education or its agents have your permission to contact your current employer?

Yes No









---

Applicant's Signature:

I certify that the information in this application is true and accurate to the best of my knowledge and belief,

I hereby authorize the Board of Education or its agents to conduct such investigations and to obtain such records (including criminal and credit records) as the Board deems necessary. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

I understand that the Old Fort Local Board of Education observes a standard of strict confidentiality with regard to information submitted by applicants. However, I understand that Ohio public records laws may mandate disclosure of applicant information by the school district conducting the superintendent search.

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

Date \_\_\_\_\_

---

If any of your educational or employment records are under other than the above name, please provide other names.

**Non-Discrimination Policy:**

It is the policy of the Old Fort Local Board of Education that there shall not be any discrimination on the basis of race, color, national origin, citizenship status, religion, sex, sexual orientation, economic status, age, disability, or genetic information in employment or educational programs and activities. Inquiries concerning the application of Title VI, VII, IX and Section 504 may be directed to the compliance office.

Please submit the completed application, resume, letter of interest, ODE license, and transcripts to Treasurer, Thomas Siloy. You may contact the Treasurer via email at [tsiloy@oldfortschools.org](mailto:tsiloy@oldfortschools.org) or by phone at 419-992-4291