Principal
Application Form
Meade Unified School District 226
Meade, Kansas 67864-0400
620.873.2081
Send or Email Application to:
  harshberger@usd226.org
  Mr. Kenneth Harshberger
  Superintendent of Schools
  PO Box 400
  Meade, Kansas 67864-0400

PERSONAL DATA

(Last) (First) (Middle)

Current Home Address

Home Phone Cell Phone Office Phone

Email

Are you now under contract? □
If so, when does your contractual obligation expire? □
Are you now licensed to be a Secondary Principal in Kansas? □
If not, when will you have your Kansas license? □
  ? Issue and expiration dates □
  ? Kind of certificate □
Have you ever been convicted of a crime involving moral turpitude? □

If selected and conditions prove satisfactory to me, is there anything that prevents my administrative work and residence in Meade for at least two years?  □ No  □ Yes  □
Date of candidate's availability: □
Date of Application: □

Application Deadline March 22, 2017

An Equal Employment/Educational Opportunity Agency
Meade Unified School District 226 does not discriminate on the basis of sex, race, color, national origin, disability, or age, in admission or access to, or treatment or employment in, its programs or activities.
## PROFESSIONAL DATA*

### CHRONOLOGICAL EDUCATION EMPLOYMENT

<table>
<thead>
<tr>
<th>School Name and Location</th>
<th>District Enrollment</th>
<th>Position or Duties</th>
<th>Dates</th>
<th>Salary</th>
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### OTHER WORK EXPERIENCE

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<thead>
<tr>
<th>Employer and Location</th>
<th>Position or Duties</th>
<th>Dates</th>
<th>Salary</th>
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*Please Only Use Space Provided*
# PROFESSIONAL REFERENCES*

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Affiliation with Applicant</th>
<th>Phone Numbers Office, Home, Cell</th>
<th>Email Address</th>
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# PROFESSIONAL ACTIVITY*

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<th>Professional Organization's Name</th>
<th>Role or Responsibility</th>
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List Professional Honors, Awards or Recognitions

*Please Only Use Space Provided
EDUCATIONAL DATA*

Educational training in chronological order

<table>
<thead>
<tr>
<th>School Attended and Location</th>
<th>Inclusive Dates</th>
<th>Diplomas, Degree and/or Hours</th>
<th>Major Field</th>
<th>Minor Field</th>
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List College Honors and Activities

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Workshops or Seminars Related to Position

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*Please Only Use Space Provided
CANDIDATE'S EDUCATIONAL STATEMENTS

On one separate sheet of paper, please provide a brief narrative statement concerning your knowledge and/or philosophy in each of the following areas:

* Responsibilities of a principal in a small rural school
* Working with students, staff, and parents
* Specific approaches to improving curriculum and instruction

ADDITIONAL INFORMATION REQUESTED

Each applicant is requested to provide a hard copy of the following information.
* A one page letter of interest specifying the reason for applying for the principal position
* Completed application form and Candidates Educational Statements
* Detailed Resume
* Teaching/Administrator License
* College Transcripts (Unofficial Accepted)
* University credential files (if available) or 3 reference contacts and/or 3 letters of references

Is it permissible to contact any or all of the above references? Yes ☐ No ☐

APPLICANT JOB APPLICATION ACKNOWLEDGMENTS

1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.

2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.

3. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.

4. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation, and I release you from all liability for any damages that may result from your doing so.

_______________________________________________    ____________________
Signature of Applicant                        Date