



**CURRENT DISTRICT OF EMPLOYMENT:**

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

Title of your position: \_\_\_\_\_

District Enrollment (ADM) \_\_\_\_\_ District Valuation \_\_\_\_\_

School District Budget: General Fund: \_\_\_\_\_ Total All Funds: \_\_\_\_\_

Number employed by district: Certified: \_\_\_\_\_ Classified: \_\_\_\_\_

**MILITARY EXPERIENCE:**

Number of years of service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Military Branch: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE:**

Please list experience in chronological order – present experience first:

SCHOOL	POSITION	DATE	REASON FOR LEAVING

**ACADEMIC TRAINING:**

INSTITUTION	DATES OF ENROLLMENT	DEGREE	MAJOR

INSTITUTION	DATES OF ENROLLMENT	DEGREE	MAJOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLACEMENT OFFICE:**

Please list name and address of the institution where your credentials are filed. Please have credentials forwarded.

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Please list name, address and telephone number of three professional colleagues who have specific knowledge of your qualifications for this position.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**SPECIAL RECOGNITION OR HONORS RECEIVED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP IN PROFESSIONAL AND CIVIC ORGANIZATIONS:**

\_\_\_\_\_

\_\_\_\_\_

**OTHER PROFESSIONAL EXPERIENCES OR ACHIEVEMENTS THAT HAVE BEEN VALUABLE TO YOUR CAREER:**

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**PLEASE DESCRIBE YOUR STRENGTHS IN THE AREA OF SCHOOL/COMMUNITY RELATIONS:**

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**PLEASE DESCRIBE YOUR EDUCATIONAL PHILOSOPHY:**

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**PLEASE EXPLAIN YOUR MOTIVATION FOR MAKING APPLICATION FOR THIS POSITION:**

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**APPLICATION REQUIREMENTS:**

The Governing Board of the Adams County/Ohio Valley School District will consider all applicants who complete the application procedures as listed. Consideration will not be given to any applicant who has not met all of the application requirements by the deadline stated on this application form.

A completed application will consist of the following information:

- Receipt of a letter emphasizing qualifications and recent achievements.
- Receipt of a completed application form (signed and dated).
- Receipt of a current professional resume.
- Receipt of three Educational Leadership Reference Forms.
- Receipt of transcript of credits and credential file.
- Receipt of current certification as an Ohio School Treasurer or documentation from the Ohio Department of Education that one is obtainable prior to the application deadline.

**APPLICATION MATERIALS ARE TO BE SENT TO:**

**Superintendent  
Adams County/Ohio Valley School District  
141 Lloyd Road  
West Union, OH 45693**

**APPLICATION DEADLINE: November 20, 2015.**

**STATEMENT OF CERTIFICATION AND AUTHORIZATION:**

I certify that the application information provided to the Adams County/Ohio Valley School District is accurate to the best of my knowledge and belief. I understand that any information provided to the Governing Board during the application process that is false or misleading may result in denial of consideration for employment or immediate termination of my employment if hired.

I authorize the Governing Board of the Adams County/Ohio Valley School District, or a designee, to conduct any and all investigations the Board deems necessary.

I certify that I have read and understand the procedures which are outlined in the application materials for consideration as Supervisor of the Adams County/Ohio Valley School District.

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

\_\_\_\_\_  
**Date**

*The Adams County/Ohio Valley School District  
is an Equal Opportunity Employer.*

ADAMS COUNTY/OHIO VALLEY SCHOOL DISTRICT  
141 Lloyd Road  
West Union, OH 45693

**EDUCATIONAL LEADERSHIP REFERENCE FORM**

\_\_\_\_\_ is applying for the position of \_\_\_\_\_ with the Adams County/Ohio Valley School District. You have been identified as a professional colleague who has specific knowledge regarding the applicant's qualifications as they relate to this position. Each completed Educational Leadership Reference Form will be held in strict confidence. This form should be returned directly to the Treasurer. Thank you for your candid evaluation of this applicant.

1. How long have you known the applicant? \_\_\_\_\_ Under what circumstances? \_\_\_\_\_

2. If given the opportunity, would you select this applicant for a position as \_\_\_\_\_?  
 Yes  
 No. If your answer is "no," please explain your response on the back of this page.

3. To the best of your knowledge and belief, is there any reason why this applicant should not be considered as a candidate for this position?  Yes  No. If your answer is "yes," please explain your response on the back of this page.

4. Please rate the applicant on the following leadership qualities and skills.

	(1) (7-9)	Unsatisfactory Above Average	(2-3) (10)	Below Average Excellent	(4-6) (UK)	Average Unknown
Communication Skills	_____					_____
Common Sense	_____					_____
Organizational Skills	_____					_____
Knowledge of School Finance	_____					_____
Ability to Evaluate	_____					_____
Integrity	_____					_____
Self-Control	_____					_____
Decision Making Skills	_____					_____
Work Ethic	_____					_____
						_____
						_____
						_____
						_____
						_____
						_____
						_____
						_____

5. Please list four adjectives which best describe the strengths of the applicant.

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

\_\_\_\_\_  
Signature Date Title

\_\_\_\_\_  
Address Telephone

Please return the completed Educational Leadership Reference Form to:

Adams County/Ohio Valley School District  
141 Lloyd Road  
West Union, OH 45693