

**APPLICATION FOR SEBRING LOCAL SCHOOL DISTRICT
SUPERINTENDENT**



510 N. 14th St.
Sebring, OH 44672
330-938-6165

APPLICATION PROCEDURES: Please complete this application and return to:

Dr. Traci Hostetler
Educational Service Center of Eastern Ohio
7320 N. Palmyra Rd.
Canfield, OH 44406
330-938-6165

Or email

t.hostetler@esceasternohio.org

1. Please enclose a copy of the following:

- Completed and signed application form
- Copy of current license(s)
- Up-to-date resume with listed references and contact information
- Salary and benefit requirements
- Any information or material you believe to be relevant to your qualifications for the position

2. After review of the completed application and materials received, interviews will be arranged by invitation only.

DEMOGRAPHIC INFORMATION:

Name: _____ Email: _____

Permanent Address: _____ Home Phone: _____

City _____ State _____ Zip _____ Work Phone: _____

Number of months in the military? _____ Cell phone: _____

Do you have a valid Ohio driver's license? Yes _____ No _____

EDUCATIONAL PREPARATION & EXPERIENCE:

Name of School and Location	Dates Attended	Sem Hrs.	Degree	Major - Minor
College or University				
College or University				
College or University				
College or University				
Special				
Special				

LIST ALL OHIO LICENSES/CERTIFICATES THAT YOU CURRENTLY POSSESS OR FOR WHICH YOU HAVE APPLIED:

Type	Area(s)	Expiration Date

Are you currently under contract? Yes _____ No _____

Are you currently under contract for next year? Yes _____ No _____

If "yes," is it a multi-year: _____ When does your contract expire? _____

If "yes," with which district: _____

If "yes," what is your current salary? _____

Have you ever been non-renewed, terminated or resigned in lieu of disciplinary action from any educational-related position? Yes _____ No _____

If "yes," please attach a supplemental document specifying the employer's name, date and detail of the event(s).

WORK EXPERIENCE:

Name and Address of Entity	Inclusive Dates	# of Months	Position Held	Name of Board President, Superintendent or Supervisor	Phone

Does Sebring Local School or its agents have your permission to contact the above individuals? ___ Yes ___ No

Does Sebring Local School or its agents have your permission to contact your current employer? ___ Yes ___ No

REFERENCES: Give the names, addresses, and phone numbers of at least four people who are familiar with your professional ability, personality and character.

Name: Position:	Address: Email:	Phone:

I certify the information in this application is true to the best of my knowledge. I authorize the Sebring Local School District to conduct an appropriate reference check that may include former employer(s) as well as the Bureau of Criminal Identification and Investigation (BCII) and Federal Bureau of Investigation (FBI).

I authorize the Sebring Local School District to perform such background investigations as required by law.

Ohio Revised Code (ORC) 3319.39 stipulates any applicant under final consideration for appointment or employment in a position with a board of education as a person "responsible for the care, custody, or control of a child," must submit to a criminal records check conducted by the Bureau of Criminal Identification and Investigation (BCII) and Federal Bureau of Investigation (FBI). The fee for the background investigation is to be paid by the applicant if considered a finalist for the position. Failure to comply will result in the disqualification of the applicant for employment consideration.

I understand and agree that if I am employed prior to the receipt of the BCII/FBI report and verification of my work experience, my continued employment will be contingent upon: 1) satisfactory work experience as verified by contacts with my former employers; and 2) receipt of a report demonstrating that I am in compliance with the Sebring Local School District Board's rules and regulations (including BCII/FBI reports) regarding applicant/employee records.

I attest that the information contained in this application and in my resume is true and complete, and I understand that if it is not, I may be eliminated from consideration for this position. If, after being hired, falsehoods or omissions are discovered in my application or resume, I understand that my employment may be terminated. By affixing my signature, I agree to the conditions listed on this application; and if employed, I will tender my resignation of employment should I fail to fulfill these conditions.

Name

Date