



Amanda-Clearcreek Local School District

328 East Main Street

Amanda, Ohio 43102

740-969-7250

Administrative Application

Amanda-Clearcreek Local School District Board of Education ("Board") is an equal opportunity employer and any inquiry on this application is made in good faith and is not intended in any way to discriminate against applicants because of race, color, religion, sex, age, national origin, disability, ancestry, military status, genetic info or any other characteristic protected by applicable Federal, State or local law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Kari Karshner.

Date of Application: _____

Last Name: _____ First Name: _____ Middle _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Are you currently under contract to another district? Yes No

If so, where? _____

Expiration of current contract: _____ Current salary _____

Date available for employment _____

Do you hold a valid Ohio Principal's License? Yes No If yes, licensure number _____

Have you ever been convicted of, found guilty, or pled guilty to any criminal offense including misdemeanors or felonies?
 Yes No

If yes, please explain on a separate sheet of paper. (Note: Candidates are required to complete a criminal background check. A satisfactory and complete criminal records check is a precondition for employment in the district Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying and in accordance with applicable law.)

Current School District Information

Name of District/School _____ Title: _____

Building Enrollment (ADM): _____ Total Number of Teaching Employees: _____



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Employment History and Professional Experience

Starting with present or most recent, list all previous employers. If more space is required, please continue on a separate sheet.

Date (Start)	Date (Ending)	Number of Years	Position	School District Name, Address, Phone	Reason for Leaving

What work experience, skills, training, achievements (military, professional or other) do you possess that would benefit the students of Amanda-Clearcreek Local School District?



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Describe how your leadership would impact the climate of the school, including any experience you have in PBIS.

Describe your experience working with special needs populations. How would your leadership benefit students with special needs?

Describe your experience working with school counselors as well as outside/contracted service counselors and mental health providers.



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Describe the skills you possess related to organization and communication and how those skills would benefit the students, staff and families of the Amanda-Clearcreek Local School District.

Describe your experience working with students identified as gifted.

Describe your experience working with school and/or district continuous improvement plans.



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Describe the leadership responsibilities and roles you have taken through participation in Teacher Based Teams (TBT), Building Leadership Teams (BLT) and District Leadership Teams (DLT).

Describe the most discouraging moment in your educational career and how you overcame said discouragement.

Describe the most rewarding / encouraging moment in your educational career and why it is important to you.



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READ CAREFULLY BEFORE SIGNING AGREEMENT

In consideration of the Board's review of my application, I agree that any claim or lawsuit arising out of my employment or my application for employment with the Board must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I certify that the information I have given on this application is true and complete to the best of my knowledge and belief. I agree that if, in the Board's judgment, misrepresentation, falsification, or omission of information has been made by me or if the results of the Board's investigation are unsatisfactory, any offer of employment may be withdrawn, or if I am already employed by the Board, my employment may be terminated. I understand that if employed by Amanda-Clearcreek Schools, I will abide by all rules and regulations of the Board.

I authorize investigation of all matters related to this application for employment including any criminal records check. I give the Board of Education the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Board of Education and its representatives for seeking, gathering and using such information and all other persons, corporations, employers or organizations for furnishing such information.

The Board does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I understand that Ohio public records laws may mandate disclosure of applicant information by the school district.

Applicant Name: _____

Applicant Signature: _____

Date: _____