



SEARCH CONDUCTED BY:



educational service center
of Central Ohio

2080 CITYGATE DRIVE • COLUMBUS, OHIO 43219

PH: 614.445.3750 • WWW.ESCOFCENTRALOHIO.ORG • EOE

Dear Applicant:

Thank you for your interest in the Groveport Madison Local School District. **Please follow the directions below to submit your application for the position of Deputy Superintendent.** Your cooperation is appreciated.

1. Deadline: Friday, July 23, 2010
Mail Application to:
Groveport Madison Search
Attn: Dr. Ralph Johnson, Director, Center for Leadership
Educational Service Center of Central Ohio
2080 Citygate Drive • Columbus, OH 43219

614.301.5639 / ralph.johnson@escoco.org
2. Please submit **only** the following documents with this application. *Please do not send separately:*
 - Cover Letter
 - License(s) Photocopies
 - Original Transcript(s)
 - Resume
 - Names and phone numbers of five (5) references we may contact

If you are requesting confirmation that your application was received, you must include a self-addressed, stamped postcard.

Do not send: Fingerprint/Background check, photographs, TB skin test results, credentials, evaluation, video/cassette tapes and multi-pages of information. Submitting concise information will be to your advantage.

3. **Save** this cover letter for your reference; please do not return it with your application.

The Groveport Madison Local School District is an equal opportunity employer and does not discriminate against any employee, prospective employee/applicant on the basis of race, color, religion, national origin, sex, disability, sexual orientation, age, or other protected categories in respect to hiring, work assignment, compensation and advancement or promotion.



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APPLICATION FOR GROVEPORT MADISON LOCAL SCHOOLS DEPUTY SUPERINTENDENT

It is the policy of this District that no candidate for a position in this District shall be discriminated against on the basis of race, color, religion, national origin, sex, disability, sexual orientation, age, or other protected categories.

PLEASE PRINT

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS (IF DIFFERENT): _____

DAYTIME PHONE: _____ EVENING PHONE: _____ CELL PHONE: _____

E-MAIL: _____

PRESENT SALARY: _____ EXPECTED SALARY: _____

ARE YOU PRESENTLY UNDER A CONTRACT WITH A SCHOOL DISTRICT? YES NO

IF YES, NAME OF SCHOOL DISTRICT: _____

HAVE YOU EVER HELD A CONTINUING CONTRACT (TENURE) IN OHIO? YES NO

IF YES, NAME OF SCHOOL DISTRICT: _____

LICENSURE INFORMATION

ARE YOU CURRENTLY LICENSED IN OHIO FOR THE POSITION APPLIED FOR? YES NO

IF YES:

NUMBER _____ TYPE _____ GRADE/AREAS _____ EXP. DATE _____

NUMBER _____ TYPE _____ GRADE/AREAS _____ EXP. DATE _____

NUMBER _____ TYPE _____ GRADE/AREAS _____ EXP. DATE _____

NUMBER _____ TYPE _____ GRADE/AREAS _____ EXP. DATE _____

NUMBER _____ TYPE _____ GRADE/AREAS _____ EXP. DATE _____

IF YOU ARE NOT LICENSED, WHEN WILL YOU BECOME LICENSED? _____

HAVE YOU EVER BEEN ASKED TO RESIGN, NON-RENEWED OR INVOLVED IN A TERMINATION PROCEDURE? (IF YES, PLEASE EXPLAIN) _____

PERSONAL DATA

LIST PROFESSIONAL ACTIVITIES: _____

HONORS OR AWARDS: _____

ANY ADDITIONAL INFORMATION/FACTS THAT WILL SUPPLEMENT YOUR QUALIFICATIONS: _____

PROFESSIONAL PREPARATION

	INSTITUTION/LOCATION	MAJOR/MINOR	DEGREE
UNDERGRADUATE			
GRADUATE			

Copies of your transcripts must be included to process your application.

EMPLOYMENT HISTORY

LIST EXPERIENCE STARTING WITH YOUR CURRENT POSITION. INCLUDE ALL CONTRACTED POSITIONS YOU HAVE HELD AS A CERTIFIED TEACHER/ADMINISTRATOR OR STUDENT TEACHER. IN OHIO, 120 OR MORE DAYS EXPERIENCE IN THE SAME SCHOOL YEAR EQUALS ONE YEAR.

<i>Employer</i>	<i>Job Title</i>	
<i>Address (street, city, state, zip)</i>		
<i>HR Contact Person / Phone</i>	<i>Date (from/to)</i>	<i>Total Years</i>
<i>Reason for leaving</i>		

<i>Employer</i>	<i>Job Title</i>	
<i>Address (street, city, state, zip)</i>		
<i>HR Contact Person / Phone</i>	<i>Date (from/to)</i>	<i>Total Years</i>
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<i>HR Contact Person / Phone</i>	<i>Date (from/to)</i>	<i>Total Years</i>
<i>Reason for leaving</i>		

Employer	Job Title	
Address (street, city, state, zip)		
Phone	Date (from/to)	Total Years
Reason for leaving		

MILITARY EXPERIENCE

BRANCH OF SERVICE: _____ YEARS (FROM/TO): _____

PERSONAL INFORMATION

PLEASE RESPOND TO THE FOLLOWING QUESTIONS

I ACKNOWLEDGE BEING INFORMED THAT, AS A PRECONDITION TO EMPLOYMENT IN THE POSITION FOR WHICH I AM APPLYING, I MUST IN ACCORDANCE WITH OHIO LAW BOTH PROVIDE A SET OF FINGERPRINTS, PASS A TUBERCULOSIS SCREENING AND SATISFACTORILY PASS A CRIMINAL RECORDS CHECK IF I COME UNDER FINAL CONSIDERATION FOR EMPLOYMENT.

I HEREBY AUTHORIZE THE EDUCATIONAL SERVICE CENTER OF CENTRAL OHIO, ON BEHALF OF THE GROVEPORT MADISON LOCAL SCHOOL DISTRICT, TO OBTAIN FROM MY FORMER EMPLOYERS ALL DATA NEEDED TO SUPPORT THIS APPLICATION.

I REPRESENT THAT ALL INFORMATION FURNISHED IN CONNECTION WITH THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER RECOGNIZE THAT, SHOULD THE EMPLOYER DISCOVER THAT I HAVE FALSIFIED ANY SUCH INFORMATION, I WILL NOT BE HIRED OR, IF ALREADY HIRED, WILL BE SUBJECT TO TERMINATION FROM EMPLOYMENT ON THAT GROUND.

1. HAVE YOU EVER BEEN CONVICTED OF, FOUND GUILTY OF, OR PLED GUILTY TO ANY MISDEMEANOR OTHER THAN TRAFFIC OFFENSES? Yes No
 IF YES, PLEASE EXPLAIN:

2. HAVE YOU EVER BEEN CONVICTED OF, FOUND GUILTY OF, OR PLED GUILTY TO ANY FELONY? Yes No
 IF YES, PLEASE EXPLAIN:

3. HAVE YOU EVER HAD A CRIMINAL CONVICTION SEALED OR EXPUNGED? Yes No
 IF YES, PLEASE EXPLAIN:

4. HAVE YOU EVER HAD A TEACHING/ADMINISTRATION CERTIFICATE OR LICENSE LIMITED, SUSPENDED OR REVOKED? Yes No
 IF YES, PLEASE EXPLAIN:

5. HAVE YOU EVER SURRENDERED A TEACHING/ADMINISTRATIVE CERTIFICATE, LICENSE OF PERMIT? Yes No
 IF YES, PLEASE EXPLAIN:

APPLICANT'S SIGNATURE _____ DATE _____

REFERENCES

1. NAME _____	POSITION _____
DISTRICT/AGENCY/COMPANY _____	PHONE _____
2. NAME _____	POSITION _____
DISTRICT/AGENCY/COMPANY _____	PHONE _____
3. NAME _____	POSITION _____
DISTRICT/AGENCY/COMPANY _____	PHONE _____
4. NAME _____	POSITION _____
DISTRICT/AGENCY/COMPANY _____	PHONE _____
5. NAME _____	POSITION _____
DISTRICT/AGENCY/COMPANY _____	PHONE _____

MAY WE CONTACT YOUR PRESENT BOARD OF EDUCATION/GOVERNING BOARD? Yes No

IN YOUR OWN HANDWRITING, PLEASE BRIEFLY RESPOND TO THE FOLLOWING QUESTIONS (YOU MAY USE A SEPARATE SHEET OF PAPER IF NEEDED)

WHY DO YOU BELIEVE YOU ARE A STRONG CANDIDATE FOR THIS POSITION (I.E., YOUR STRENGTHS, CONTRIBUTIONS, ETC.)?

WHAT RECENT PIECE OF LITERATURE HAS INFLUENCED YOUR LEADERSHIP BELIEFS?

WHAT WAS YOUR MOST CHALLENGING ISSUE AS A LEADER AND HOW DID YOU RESOLVE IT?