

# ADMINISTRATIVE/TREASURER APPLICATION



**PLYMOUTH-SHILOH LOCAL SCHOOLS**  
**365 Sandusky Street**  
**Plymouth, OH 44865**  
**419-687-4733 (FAX 419-687-1541)**  
[www.plymouthshilohsd.org](http://www.plymouthshilohsd.org)

## OFFICE USE ONLY

Credentials Enclosed \_\_\_\_\_  
 Transcripts Enclosed \_\_\_\_\_  
 Resume Enclosed \_\_\_\_\_

Date \_\_\_\_\_ Position Applying For \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle or Maiden Name

Present Address \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Please list a person through whom we may reach you if necessary - Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you presently under contract ( ) Yes ( ) No If yes, to whom \_\_\_\_\_ When does your contract expire? \_\_\_\_\_

Have you been eligible for a continuing contract in Ohio? ( ) Yes ( ) No Have you been employed under a continuing contract in Ohio? ( ) Yes ( ) No  
 If yes, with whom \_\_\_\_\_

Total Years of Administrative Experience \_\_\_\_\_ Total Years of Teaching Experience \_\_\_\_\_ Date Available to Start \_\_\_\_\_

Present Position: \_\_\_\_\_ Building Student Enrollment \_\_\_\_\_ Salary During Current School Year \$ \_\_\_\_\_  
(if applicable)

Current Contract Days: \_\_\_\_\_ District Student Enrollment \_\_\_\_\_  
(if applicable)

Have you lived in Ohio for the past 5 years ( ) Yes ( ) No

## OHIO LICENSURE

Administrative and Teaching areas listed on license	License Number	Issue Date	Expiration Date

## ACADEMIC PREPARATION/TRAINING

Name of Institution and Location	Degree(s) Earned/Date	Major/Minor

\_\_\_\_\_

<b>ADMINISTRATIVE EXPERIENCE</b> (list most recent first)					
Name of School/District, City and State	Position	Immediate Supervisor - Home & Work Phone No. AND REASON FOR LEAVING	Dates Mo/Yr - Mo/Yr		Total Years

<b>TEACHING EXPERIENCE</b> (list most recent first) (In Ohio 120 or more days experience in the same school district equals one year)					
Name of School/Address	Grades/Subjects Taught	Principal's Name - Home & Work Phone No. AND REASON FOR LEAVING	Dates Mo/Yr - Mo/Yr		Total Years

<b>MILITARY EXPERIENCE</b>		
Branch of Service	Current Commitment	Discharge Status and Total Years

(ATTACH A COPY OF DISCHARGE PAPERS WITH APPLICATION)

<b>PROFESSIONAL REFERENCES</b>		
Name of Organization, City and State	Position	Immediate Supervisor - Home & Work Phone No.

**LEGAL DISCLAIMER (attach additional information if necessary)**

With the understanding that falsification of any information furnished on this application is grounds for the rejection of this application or dismissal after my employment (if I am hired), I certify that all such information is true and complete to the best of my knowledge, and I hereby authorize agents of the Plymouth-Shiloh Local Schools (PSLS) and those acting in accordance with their direction to investigate same. I understand that any such investigation may include, but need not be limited to, an inquiry to the Ohio Bureau of Criminal Identification and Investigation (BCI) and to other law enforcement agencies; I accordingly agree to cooperate promptly and fully during the application process in being fingerprinted and otherwise in completing and signing all forms required for any such inquiry, and I acknowledge that my failure to cooperate shall cause the rejection of my application.

Further, I hereby give my permission to the BCI and other law enforcement agencies, as well as any and all other persons and entities who might have knowledge concerning information that I have provided on this form, to disclose to agents of the PSLS and those acting in accordance with their direction all pertinent information in their possession (except to the extent that I have expressly stated otherwise on this form), and I release those so requesting, receiving, and providing that information, and their respective agents and principals, from any and all liability in connection therewith to the full extent permitted by law, and I voluntarily authorize PSLS to contact any references whose names I have submitted. I voluntarily release PSLS and any persons providing information from any liability and claims relating to the use of information obtained.

Due to the length of time required for the completion of required background checks, and in accordance with state law, employment is contingent upon not receiving any disqualifying convictions. In the event the Board of Education has taken action prior to the receipt of such reports, such action **shall be void** without further act by either party, and that my employment will terminate immediately without the necessity of proceedings to formally terminate my contract of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

IT IS THE POLICY OF THE PLYMOUTH-SHILOH LOCAL BOARD OF EDUCATION THAT THE BEST-QUALIFIED APPLICANT SHALL BE SELECTED FOR EACH POSITION WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX OR MARTIAL STATUS.

**WE WILL CONTACT YOU IF SELECTED FOR AN INTERVIEW**

## ADDITIONAL INFORMATION

The following questions are a very important part of our interview process. Please reflect upon them carefully, and give us your candid responses. Please answer each of the questions below.

1. Why do (did) you want to become an administrator?
2. What about being an administrator has been (will be) most rewarding to your? Why?
3. As an administrator, what communication approaches or systems are (would be) most effective for you?
4. What do you consider to be your major strengths as an administrator?
5. In your previous experience, in what ways have you most influenced a school and community?
6. How will you delegate responsibilities to others?
7. What methods or approaches do you use most to bring about change in a school?