

**APPLICATION for ADMINISTRATOR**  
ADAMS COUNTY/OHIO VALLEY SCHOOL DISTRICT  
*141 Lloyd Road*  
*West Union, OH 45693*

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
*Last First Middle*

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

Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you presently under contract to another district? Yes [ ] No [ ]

If yes, when does that contract expire? \_\_\_\_\_

Have you ever been convicted of a felony?  
(If yes, please attach separate explanation) Yes [ ] No [ ]

Condition of health during past two years: \_\_\_\_\_

How were you informed about this position? \_\_\_\_\_

Current base salary: \_\_\_\_\_ (Not including fringe benefits)

Current fringe benefits: \_\_\_\_\_

Base salary expectations: \_\_\_\_\_ (Not including fringe benefits)

Fringe benefit expectations: \_\_\_\_\_

**CERTIFICATION:**

Do you currently hold a valid Ohio Supervisor's Certificate? Yes [ ] No [ ]

If yes, please list Grade: \_\_\_\_\_ Status: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Other Certification – list by type and expiration date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT SCHOOL DISTRICT INFORMATION:**

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 – teaching experience first, then administrative experience.

SCHOOL	POSITION	DATE	REASON FOR LEAVING
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**ACADEMIC TRAINING:**

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

**\* Applicant will be required to provide original transcript of credits before employment.**

**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:**

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**MEMBERSHIP IN PROFESSIONAL AND CIVIC ORGANIZATIONS:**

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**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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**PLEASE DESCRIBE THREE MAJOR ACCOMPLISHMENTS IN YOUR LAST POSITION THAT WERE A DIRECT RESULT OF YOUR LEADERSHIP:**



**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 current certification as an Ohio School Supervisor’s or documentation from the Ohio Department of Education that one is obtainable prior to the application deadline.

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

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

**APPLICATION DEADLINE:** None

**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/OhioValley 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.

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**Signature of Applicant**

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**Date**

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

ADAMS COUNTY/OHIO VALLEY SCHOOL DISTRICT