

RSU 54/MSAD 54
Skowhegan, Maine 04976

Canaan
Cornville
Mercer

Application: Administrator

Norridgewock
Skowhegan
Smithfield

Position you are seeking _____ Date _____

Personal Information

Name _____
last first middle

Permanent Address _____ Home Phone _____

_____ Cell Phone _____
city state zip

_____ Office Phone _____
E-mail Address _____

Temporary Address _____

_____ Social Security Number

I may be contacted: at work (___) at home (___)

Application Instructions

A complete application will include the following:

1. A completed and signed application form. (Please complete all information in the application even though it may be duplicated on your résumé.)
2. A current résumé.
3. A copy of your certificate or evidence that you are eligible for certification as an administrator in Maine.
4. A copy of a Personal Statement describing your approach to being an administrator, including a mission statement and goals.
5. A copy of an essay explaining how you will embody the district's community vision in your leadership. **District Community Vision:** *All individuals in our schools feel safe, welcome and respected for who they are.*
6. College/University transcript.
7. Letters of reference from a minimum of three persons.
9. An explanation of any gaps in employment during the past ten (10) years.
10. An explanation of "yes" responses to any of the questions in the background section.
11. Maine Criminal History check Approval Form (Superintendent's Office will complete.)
12. Your signature.

13. The applicant should exercise the greatest care in preparing this application. Any falsification of information or misleading information on this application shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal. Do not omit any item.

Academic Training (please list beginning with your most recent training)

Name of College/University and Location	Dates Inclusive	Degree or Diploma	Major	Grade Point Average

Professional Experience (Please list beginning with your current or most recent experience.)

Number Years	Dates (month/yr.) From/To	Position/Responsibilities	School District
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	Total number of years of teaching experience (A year is 160 days or more)(Do not count Ed Tech experience.)
	Total number of years of administrative experience (A year is 160 days or more)(Do not count Ed Tech experience.)

Other Relevant Work Experience and Achievements

Member in Professional Organizations

Are you able to perform the tasks of the job for which you are applying, with or without accommodations?

Yes ___ No ___.

If an accommodation would be required to enable you to perform the job tasks, please describe that accommodation and how it would enable you to perform the job.

Certification Information

Are you currently certified and endorsed **in Maine** for this position? ___ yes ___ no If yes, please supply us with a copy. If not, you must provide a copy of your conditional affidavit or correspondence from the Maine Department of Education.

Have you had your fingerprints taken as required by the Maine Criminal History Record Check (CHRC)? ___yes ___no **(Attach approval documentation)**

NOTE: Candidates who do not hold Maine certification should contact the Maine Department of Education, Division of Certification and Placement, Augusta, Maine 04333 (207) 624-6603.

Current School District Information

Are you presently under contract to a school district? _____

If yes, when does your contract expire? _____

Name of District _____

Position _____

References: These should be persons qualified to give evidence of your ability to perform the responsibilities of the position you seek. Include superintendents, principals and special education directors under whom you have worked.

	Name	Address	Phone number	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Personal Data

1. List activities & organizations engaged in, and any honors or recognitions received since graduation.

2. When could you begin work? _____

3. Additional information: _____

Background Information: The MSAD #54 Board of Directors is committed to conducting a thorough screening of applicants for all positions and requires all candidates to complete the following.

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes _____ No _____

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes _____ No _____

Has your contract in a prior position ever been non-renewed? Yes _____ No _____

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes _____ No _____

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes _____ No _____

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes _____ No _____

Have you ever entered a plea of guilty or “no contest” (nolo contendere) to any crime (other than a minor traffic offense)? Yes _____ No _____

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes _____ No _____

If you answered YES to any of the previous questions, provide full details on an additional sheet including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize any persons, agencies, or entities that MSAD 54 contacts in connection with my employment application to fully provide MSAD 54 any information requested. I expressly waive in connection with any request for or provision of such information any claims, including without limitation, defamation, emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against MSAD 54, its agents and officials or against any provider of such information. Finally, I understand that information submitted in and with this application may be disclosed to a screening and/or interview committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure. All application materials become the property of MSAD 54. None will be returned. Applications will be retained for a period of 18 months from date of receipt.

Signature _____

Date _____

Please return this completed application and résumé materials to:

MSAD 54 Superintendent’s Office
196 W. Front St.
Skowhegan, ME 04976
Phone: 207-474-9508
Fax 207-474-7422
www.msad54.org

EOE

The MSAD 54 Board of Directors does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination.