

**APPLICATION FOR INTERIM SUPERINTENDENT OF SCHOOLS
DORCHESTER COUNTY PUBLIC SCHOOLS**

PERSONAL INFORMATION

Name: _____ **Email:** _____

Home address: _____

Preferred phone:

Other phone:

EDUCATION

Institution	Graduation Date	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT EMPLOYMENT (If not currently employed, please provide information from last position in education.)

_____ _____
Title Date

_____ _____
Employer Phone

Address

_____ _____
Enrollment Present Salary

Reason for leaving position

_____ _____
Name of immediate supervisor Title

_____ _____
Business Phone Home Phone

Name

OTHER EMPLOYMENT EXPERIENCE

Title	Dates	District & State	Enrollment
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MARYLAND SUPERINTENDENT CERTIFICATION

Do you currently hold a Maryland Superintendent Certificate? Yes _____ No _____
If yes, please include a copy of the certificate with this application.

If no, have you applied for Maryland certification? Yes _____ No _____

NOTE: UNDER SPECIFIC CIRCUMSTANCES MARYLAND MAY RECOGNIZE SUPERINTENDENT CERTIFICATION FROM OTHER STATES. **It is the responsibility of candidates to provide proof of superintendent certification from the Maryland State Department of Education before final interviews.**

REFERENCES

Please give the names, addresses, and phone numbers of **at least three (3) references** who are familiar with your **professional experience** and forward, from other references, **two (2) current reference letters** (written within the last 12-months). Each of these references may be contacted prior to initial interviews. As your candidacy moves forward, the consultants may contact references other than those listed below.

Name	Address	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____

BACKGROUND INFORMATION

- Have you ever been involuntary terminated, asked to resign, or reached a mutual decision with a school board to vacate a contract prior to its expiration?

_____ Yes _____ No If yes, please attach a statement which gives district, date, reason and contact information for a person who can verify statement.

Name

BACKGROUND INFORMATION (cont.)

- Is there anything in your personal or professional background that could be an embarrassment to you or the Board should it become public?

_____ Yes _____ No If yes, please attach a statement which explains the situation.

NARRATIVES

Exhibit I of this application lists the characteristics the Board of Education has determined that an ideal candidate will need to possess to be successful in Dorchester County. For the **FIRST bullet** and **ONE of the other bullets** comment on how the characteristics related to your **experience** and **background**. Please limit each response to **400 words or less**.

BACKGROUND CHECK:

_____ Fair Credit Report Act Disclosure _____ Fair Credit Reporting Act Background Check Disclosure

RESUME

Please submit a personal resume which includes information on all your previous full-time work experience.

APPLICATION CERTIFICATION

I certify that all statements made on this application are true, accurate, and complete. I authorized the district or its agents to conduct work history, reference checks, and criminal background checks, and to contact the Maryland State Department and receive information regarding my certification status, as part of this application process. I understand that I must verify that I hold or qualify for Maryland Superintendent Certification and that any misstatement or omission of information in this application or during the application process is grounds for ending the hiring process or dismissal if employed.

I have included: resume _____, cover letter _____, completed application _____, reference letters _____, narrative responses _____, and copy of Maryland certificate (if applicable) _____.

Signature

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT. OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Signature

Date

Do not include additional materials unless requested.
Applicants should not contact board members.

BOARD OF EDUCATION OF DORCHESTER COUNTY

FAIR CREDIT REPORTING ACT DISCLOSURE

By this document, the Board of Education of Dorchester County discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Signature

Date

Printed Name

BOARD OF EDUCATION OF DORCHESTER COUNTY

FAIR CREDIT REPORTING ACT BACKGROUND CHECK DISCLOSURE

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the Board of Education of Dorchester County and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish to the Board of Education of Dorchester County or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

Printed Name