**Application for Superintendent**

Caston Community Schools

**APPLICANT INFORMATION**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

 *Last First M.I.*

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

 *Street Address Apartment/Unit #*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *City State Zip Code*

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Position/School Corporation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pupils Enrolled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Elementary Schools \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Certified Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intermediate Schools \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Classified Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle/Jr. High Schools \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Annual District Budget \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Senior High Schools \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a valid Indiana Superintendent’s License? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_

**PRESENT CONTRACTUAL RELATIONSHIP**

Length of Present Contract \_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_ Date Available \_\_\_\_\_\_\_\_\_\_\_

Buy-out Clause \_\_\_\_\_\_\_\_\_ Current Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board Paid Annuities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Insurance Face Value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel Allowance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long Term Disability Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ Dental Insurance Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Vision Insurance Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ Health Insurance Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Other Insurance or benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please list most recent first)*

**PROFESSIONAL EXPERIENCE AND/OR EMPLOYMENT RECORD**

Position Organization Dates of Employment

**UNDERGRADUATE AND GRADUATE EDUCATIONAL EXPERIENCE**

*(Please list most recent first)*

Institution Dates Attended Major/Minor Degree/Date

*Please list three (3) professional organizations in which you have been most active*

**PROFESSIONAL LEADERSHIP**

*(List offices held, awards, etc.)*

Professional Organization Offices Held Responsibilities

*(On a separate sheet, respond to each of the following questions/remarks in 300 words or less.)*

**APPLICATION FOR SUPERINTENDENT QUESTIONS**

* 1. Given your strong knowledge base of the qualities and characteristics of an excellent school system, describe the work you have done in your present (or past) that could be relevant and useful in the improvement of the Caston School Corporation.
* 2. Specifically, what have you done to improve school performance? How were the needs identified and what measures were put in place to correct performance? How was the performance measured, and how did you sustain improvement?
* 3. What are your most significant sources of educational practice, change and innovation? How have you used this knowledge base of best practices and the theories or evidence for changes and innovation in your present position?
* 4. What is your overall approach to developing and sustaining teacher and administrator performance? How can a school corporation balance the right accountability with development while fostering the right environment?
* 5. List particular training experiences that you possess in budget preparation and fiscal management.
* 6. As superintendent, how would you market the school corporation? Please provide specific examples of what you have accomplished in this area.

**ADDITIONAL APPLICATION INFORMATION**

1. Are you presently being investigated or under a procedure or process to consider your discharge for misconduct by your present employer?

 Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?

Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer’s investigation of your sexual conduct with another person, mishandling of funds, or other criminal conduct?

Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

4. Have you ever pleaded guilty or no contest to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude?

Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

5. Have you ever been convicted of a misdemeanor and/or felony, or ever entered a plea of guilty or a plea of no contest, or has any court deferred further proceedings with entering a finding or guilty, or placed you on probation for a crime?

Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

6. Are you eligible to work in the United States of America?

Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

**If you answered “yes” to any one of the first five questions, please explain on a separate page. Include the date of the incident, charge, court action taken, the offense in question, and the address of any court involved.**

**ADDITIONAL CANDIDATE INFORMATION**

If you are tentatively offered the Superintendent position, the Caston Community Schools will complete an extended background investigation prior to making the final offer of employment. If you are tentatively offered the position, you will be required to complete the authorization for an Indiana and National Background Check and submit the signed document by a date directed by the Caston Community Schools Board of School Trustees.

**NOTICE, AUTHORIZATION AND RELEASE**

Caston Community Schools’ Board Policy ACS NONDISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY states: Caston Community Schools is committed to an environment in which all individuals are treated with respect and dignity. This includes ensuring that its students and employees are not subject to sexual harassment, or to harassment or discrimination on the basis of race, color, religion, sex, transgender status, national origin, sexual orientation, gender identity, age, military status, ancestry, genetic information, disability or any other characteristic protected by law. Caston Community Schools prohibits any such harassment or discrimination and all persons associated with the school community, including, but not limited to, the Board, the administration, the staff, the students, agents, volunteers, contractors, and persons subject to the supervision and control of the School Corporation are expected to conduct themselves at all times so as to provide an atmosphere free from harassment, discrimination, and retaliation. Complaints of violations of these policies will be investigated and resolved appropriately.

I understand that my application will be on file in the Caston Community Schools’ Corporation Office for one (1) year, and all materials accompanying this application become the property of the Caston Community Schools.

I certify that there are no misrepresentations or falsifications of these statements and answers. I am also aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position with the Caston Community Schools.

I authorize any person, agency, partnership, or corporation having information concerning my background, educational records, or employment records to release such information. This information is to be used for possible employment with the Caston Community Schools.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also agree that I have a copy of this Authorization and Release, whether it be a photocopy, or otherwise, shall have equal standing and import as if it were the original.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROFESSIONAL QUALIFICATIONS AND SUBMITTAL INFORMATION**

 *Professional Qualifications and Selection Criteria:*

* Central office experience preferred/superintendent experience preferred;
* Building level experience required;
* Effective skills in communication, multi-tasking, collaboration, and marketing;
* Approachable leader with demonstrated ability to motivate highly qualified personnel;
* Working knowledge of successful program evaluation, school finance, school law, collective bargaining, and selection and retention of staff;
* Possess the highest personal standards, good morals, ethics, honesty, and integrity.

*Submittal requirements:*

 All applicants are expected to provide the following:

 Letter of intent  Completed and signed application  Current Resume Copy of valid Indiana Superintendent’s License or evidence of qualification College University credentials and transcripts Response to questions  Three (3) current letters of reference (two years or less)

Directions for submitting applications and credentials:

Inquiries related to this application should be directed to the University Superintendent Search Team members. Contact:

 Dr. John Hill, jehill@purdue.edu 574-780-6910 or
 Dr. Jim Freeland freeland@purdue.edu 812-363-3904

Please complete all application documents, including all required signatures. Candidates should be advised that to complete the form as a fillable PDF, it must be saved and then opened in Adobe Reader. All supporting documents should be signed and dated. Print all documents and mail the application forms with all supporting materials to the address below.

 Dr. John Hill/Dr. Jim Freeland  Department of Educational Leadership & Policy Studies Beering Hall
 100 N. University Street
 West Lafayette, IN 47907-2098

The deadline for submitting an application is \_\_\_\_\_\_April 9\_\_\_\_\_, 2020. Documents must arrive at the designated location by 12:00 p.m. (EST) on \_\_April 9\_, 2020.