

SCHOOL DISTRICT OF THE TOMORROW RIVER ADMINISTRATOR SEARCH

APPLICATION FOR DISTRICT ADMINISTRATOR/SUPERINTENDENT OF SCHOOLS

1. Direct application, materials, and inquiries to:

Tomorrow River School District
ATTN: Mr. Raabe, Administrator Search
357 North Main Street
Amherst, WI 54406

Phone: 715/824-5521 x 1
Fax: 715/824-7177
or email Marilyn Orsund, Admin. Secretary, at
morsund@amherst.k12.wi.us

2. Make sure your application consists of ALL of the following items:

- Cover Letter, addressed to Mr. Dennis Raabe
- Completed Application Form
- Copy of License
- Transcripts of all College Coursework
- Comprehensive Resume
- Letters of Reference

PERSONAL INFORMATION:

First Name Middle Last Name

Home Phone: _____ Office or Cell Phone: _____

E-mail: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

CERTIFICATION:

- I hold a valid Wisconsin School District Administrator's License issued by the Wisconsin Department of Public Instruction (DPI). (Enclose copy)
- I have conferred with the DPI and believe that I will qualify for a Wisconsin School District Administrator's License should I be selected for this position. (Enclose a copy of current professional license and any correspondence indicating eligibility for WI District Administrator's License.)

EMPLOYMENT RECORD:

Are you presently under contract with another school district? Yes No

Why are you leaving this position? _____

PRESENT Employment:

Title of present position: _____

Employed by: _____

Business phone: _____

Business address: _____

Type of district (grade levels, rural, etc): _____

Number of Students: _____ Number of licensed staff: _____ Number of support staff: _____

Annual budget: _____

Your supervisor: _____ Number of staff you supervise: _____

Major Responsibilities: _____

Employment dates: _____ to _____ Present base salary: _____

Present contractual relationship (length, possible release, etc.): _____

PREVIOUS Employment:

(Most recent position excluding current position. Complete employment record should be provided on the résumé including current and previous employment listed here.)

Position title: _____

Employer: _____

Business phone: _____

Business address: _____

Type of district (grade levels, rural, etc): _____

Number of Students: _____ Number of licensed staff: _____ Number of support staff: _____

Annual budget: _____

Your supervisor: _____ Number of staff you supervised: _____

Major Responsibilities: _____

Employment dates: _____ to _____

Why did you leave: _____

Beginning salary: _____ Ending salary: _____

PERSONAL ATTRIBUTES:

List two or three personal attributes, which you feel help assure your success as a superintendent:_____

REFERENCES:

Please list three references we may contact.

1. Name:_____ Daytime Phone:_____

Address:_____

City, State, ZIP_____

Title:_____

2. Name:_____ Daytime Phone:_____

Address:_____

City, State, ZIP_____

Title:_____

3. Name:_____ Daytime Phone:_____

Address:_____

City, State, ZIP_____

Title:_____

INCLUDE THE FOLLOWING ON YOUR RESUME:

- COMPLETE EMPLOYMENT RECORD
- PROFESSIONAL PREPARATION (Degree, Year Received, Major and Institution --Name and location)
- HONORS, AWARDS, ACCOMPLISHMENTS (Scholarships, articles or books authored, special recognitions)
- PROFESSIONAL ORGANIZATION MEMBERSHIP (Note any offices held)
- COMMUNITY ACTIVITIES (Voluntary and community service clubs, etc.)

PLEASE DO NOT USE SPECIAL PRESENTATION MATERIALS, SUCH AS BINDERS OR FOLDERS.

RELEASE OF INFORMATION:

Have you ever been found guilty of, or do you presently have pending, any violations of law, including ordinance violations other than minor traffic violations? (In accordance with state law, pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.)

Yes No If yes, explain: _____

I authorize the School District of the Tomorrow River to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give The School District of the Tomorrow River any information or opinion regarding me, including without limitation, information concerning my performance, reputation, and character. I acknowledge that the information divulged may be negative or positive with respect to me. Nevertheless, pursuant to this authorization, I unconditionally release such person, school, employer, organization or entity and The School District of the Tomorrow from any and all legal liability for furnishing such information and in making such statements.

Yes No

My signature below certifies that all statements made on this application are true and complete to the best of my knowledge. If employed by this school district, I understand that any misrepresentation of factual information contained herein may be cause for dismissal.

A photocopy of this signed release shall have the same force and effect as the original release signed by me.

SIGNATURE: _____ DATE: _____

THE SCHOOL DISTRICT OF THE TOMORROW RIVER DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, SEX OR SEXUAL ORIENTATION, MARITAL STATUS, HANDICAP, NATIONAL ORIGIN, CREED, ARREST OR CONVICTION RECORD OR ANY OTHER REASON PROHIBITED BY STATE AND FEDERAL LAW.