



Bonny Eagle School District ~ MSAD 6
100 Main Street, Post Office Box 38, Bar Mills, Maine 04004-0038
(207) 929-9108 ~ 642-2480

APPLICATION FOR ASSISTANT SUPERINTENDENT OF SCHOOLS

THE MAINE SCHOOL ADMINISTRATIVE DISTRICT 6 BOARD OF DIRECTORS DOES NOT DISCRIMINATE IN THE OPERATION OF ITS EDUCATIONAL AND EMPLOYMENT POLICIES AND WILL HONOR ALL APPROPRIATE LAWS RELATIVE TO DISCRIMINATION.

PERSONAL INFORMATION:

Name: _____

Last

First

Middle

Address: _____ Home Phone: _____

City

State

Zip

Office Phone: _____

Social Security Number: _____ I may be contacted: at work at home

APPLICATION INSTRUCTIONS:

A person will only be considered an applicant when the following are received:

1. A completed and signed application form. (Please give **ALL** information requested on the application, even though it may be duplicated on your resume.)
2. A letter of application in which you describe why you would like to be an assistant superintendent of schools in Bonny Eagle School District - MSAD 6.
3. The personal statements requested in this application.
4. Current letters of reference (not older than three [3] years) from a minimum of three (3) persons.
5. A current resume.
6. A copy of your Maine assistant superintendent or superintendent of schools certificate or evidence that you are eligible for certification as an assistant superintendent or superintendent in Maine and have submitted an application to the Maine Department of Education.
7. College/university transcripts.

Please Note: On the completion of the search, all application materials will be retained by MSAD 6 for five (5) years.

CURRENT SCHOOL DISTRICT INFORMATION:

Are you presently under contract to a school system? Yes No

If so, when does your contract expire? _____

Name of System: _____ State: _____

Position: _____ Present Salary: _____

CERTIFICATION INFORMATION:

Are you currently certified as an Assistant Superintendent or Superintendent of Schools in Maine? Yes No

If yes, what is the expiration date? _____

-- OR --

Are you eligible to be certified as an Assistant Superintendent or Superintendent of Schools in Maine? Yes No

Are you presently certified as an Assistant Superintendent or Superintendent of Schools in another State? Yes No

If yes, in what state(s)? _____

NOTE: Candidates who do not hold the Maine Assistant Superintendent (015) or Superintendent Certificate (010) should contact the Maine Department of Education, Division of Certification and Placement, 23 State House Station, Augusta, ME 04333-0023; (207) 624-6603

ACADEMIC AND PROFESSIONAL TRAINING:

Colleges/Universities Attended	Location	Degree	Number of Years Completed

Please have copies of your college/university transcripts and any other credentials on file sent to the Search Committee at the address on this application.

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS:

PROFESSIONAL EXPERIENCE:

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

Number of Years	Dates From/To	Position/Responsibilities	School System

OTHER RELEVANT WORK EXPERIENCE:

CIVIC AND COMMUNITY INVOLVEMENT:

PERSONAL STATEMENTS:

As a means of learning more about you, the search committee requests that you respond to the questions below. Please answer the questions directly and cite examples to support your positions. Each response should be limited to no more than one page.

1. Describe how you have developed community support for your school system.
2. Please list and describe three challenging problems that, in spite of your best efforts, you were unable to solve to your own satisfaction.
3. What three personal and/or professional characteristics impress you as most important for a successful superintendency.

REFERENCES:

List at least three persons, two of whom are your most recent supervisors, who can comment on your ability and whom we may contact. In addition, please provide three letters of reference from persons who are not related to you (may be from references listed below).

Please indicate by number which of the references listed below know the following: (1) your ability as an administrator; (2) your personal qualities and character traits; (3) your scholastic or other attainments.

Number	Name	Position	Address	Phone

OTHER INFORMATION:

The MSAD 6 Board of Directors are committed to conducting a thorough screening of applicants for all positions and requires the completion of the following questions of all candidates.

Were you ever known by any other name? Yes No
 If yes, please list: _____

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 reemployment in a prior position or ever had your nomination for reemployment 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

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty, or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes No

If you have 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 those persons, agencies, or entities that the MSAD 6 Board of Directors contact in connection with my employment application to fully provide the MSAD 6 Board of Directors any information on the matters set forth above. 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 the MSAD 6 Board of Directors, its agents and officials or against any provider of such information.

I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Date

Signature

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF BONNY EAGLE SCHOOL DISTRICT ~ MSAD 6. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT, OR IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.

*Bonny Eagle School District ~ MSAD 6
is an Equal Opportunity Employer*