

TEACHING/ADMINISTRATIVE EXPERIENCE

List most recent position first. Please indicate teaching experience with an asterisk (*).

Name of School	Location County and State	Position or Subject Taught	Beginning Date	Ending Date	Principal, Supervisor, or Chief School Officer

Total number of years of public school experience: _____ Non-Public years of experience: _____

REFERENCES

Academic and professional references (include the name of administrators or board members under whom you have worked).

Name	Address Street/P.O. Box City, State, Zip	Position	Telephone Number

MILITARY SERVICE

List most recent tour of duty first.

Branch of Service	Dates of Service		Nature of Military Service
	Beginning	Ending	

Total months of military service _____

ANSWER THE FOLLOWING QUESTIONS:

How do you want staff members, students and the Triad community to view you as an administrator?

Summarize five key attributes you will bring to the role of administrator. Attach an extra page if needed.

List three goals you would set in motion for Triad District for the next school year. List the timeline for each and short overview of your plan of action. Attach an extra page if needed.

APPLICATION PROCEDURES:

Triad Local Schools Board of Education sincerely appreciates the time and interest you have taken in applying to the district. We hope to reciprocate by giving your application prompt attention. Upon receipt of your application, it will be processed and placed in our active file. When an opening occurs for which you are qualified, your application will be given to the principal or supervisor for consideration.

Applications are kept on an active status for a period of two (2) years from date of receipt. Please contact the board office (937) 826-4961 if you wish to re-activate an expiring application.

APPLICANT VALIDATION:

I hereby certify that the answers on this application are true and correct to the best of my knowledge and belief, and that any deliberate misrepresentation of facts contained herein may be grounds for invalidating any contract commitments resulting from this application. I understand that my employment will be subject to the laws of the State of Ohio and to the job descriptions and policies adopted by Triad Local Schools Board of Education.

NOTICE:

ALL “POSSIBLE” (VERBALLY APPROVED) TRIAD EMPLOYEES MUST SUBMIT TO B.C.I. AND F.B.I. BACKGROUND CHECKS. NO BOARD ACTION WILL BE TAKEN TO HIRE ANY INDIVIDUAL UNTIL THE RESULTS HAVE BEEN RECEIVED BY THE DISTRICT.

I understand that “possible” employment is contingent upon my B.C.I and F.B.I. background reports received by the district through National Web Check. I also understand that the “possible” employment by Triad Board of Education SHALL BE VOID without further act by either party and that my possibility of employment will terminate immediately if either background report identifies a conviction

Signature: _____ Date _____