

EDINBURGH COMMUNITY SCHOOLS

202 S. Keeley Street
Edinburgh, Indiana 46124
Telephone: 812-526-2681
Fax: 812-526-0271

ADMINISTRATIVE APPLICATION

PERSONAL DATA:

Date: _____

Name _____ Social Security Number _____

Address _____

Home Telephone Number _____ Work Telephone Number _____

CERTIFICATION:

Type(s) of Certificate(s) Held:

Expiration Date

_____	_____
_____	_____
_____	_____

EDUCATION:

Colleges/Universities

Location

Date Attended

Degree

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL EXPERIENCE (List current position first):

School Name and Address

Assignment

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Number of Years of Regular Teaching/Administrative Experience _____

PROFESSIONAL DEVELOPMENT:

List professional organizations or activities during the past five years in which you have participated.

PARENT/COMMUNITY INVOLVEMENT:

Describe ways in which you have worked with parents and/or community.

REFERENCES:

Please list names, addresses and phone numbers of at least three persons who can attest to your character, effectiveness, and professional ability as they relate to the position of administrator.

1. _____
2. _____
3. _____
4. _____
5. _____

This school district assumes that, as an applicant for a position here, you wish us to obtain pertinent confidential statements from previous employees and/or references listed by you above. If you agree to authorize us to maintain the confidential status of all materials and statements submitted, please indicate in the affirmative by signing below.

Signature of Applicant

Date Signed

SUPPORT MATERIALS:

The following materials must be submitted with this application:

- personal letter of intent
- current resume
- copy of Secondary Administrator’s License
- at least 3 letters of recommendation or indicate college placement file has been requested

IT IS THE POLICY OF EDINBURGH COMMUNITY SCHOOLS NOT TO DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, SEX, RELIGION, NATIONAL ORIGIN, HANDICAP OR AGE