



## Mt. Vernon Community School Corporation Application for Superintendent of Schools

The Mt. Vernon Community School Corporation does not discriminate on the basis of any legally protected class, including, but not limited to race, color, national origin, sex (including transgender status, sexual orientation and gender identity), disability, age, religion, military status, ancestry, or genetic information. Hiring decisions shall be based exclusively on merit, free from consideration of factors unrelated to the position. Applications and other supporting materials must be received no later than October 1, 2018.

### **Personal Information**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Business Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

Students Enrolled \_\_\_\_\_ Elementary Schools \_\_\_\_\_

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

Annual District Budget \_\_\_\_\_ Senior High School \_\_\_\_\_

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

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

### **Present Contractual Relationship**

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

Current Salary \_\_\_\_\_ Board Paid Annuities \_\_\_\_\_

Life Insurance Face Value \_\_\_\_\_ Life Insurance \_\_\_\_\_ Term \_\_\_\_\_ Whole Life \_\_\_\_\_

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

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

Travel Allowance \_\_\_\_\_ Other Benefits \_\_\_\_\_

Other Board Paid Insurance \_\_\_\_\_



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## BACKGROUND INFORMATION PROFESSIONAL EXPERIENCE AND/OR EMPLOYMENT RECORD

Position	Organization	Size	Dates

## EDUCATIONAL EXPERIENCE UNDERGRADUATE/GRADUATE (Please list most recent first)

Institution	Dates Attended	Major/Minor	Degree/Date

## PROFESSIONAL LEADERSHIP

Please list three (3) professional organizations in which you have been most active  
Indicate office held and responsibilities

Professional Organization	Office Held	Responsibilities



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### **APPLICATION FOR SUPERINTENDENT QUESTIONS** (Please respond to each question using additional sheets as needed)

1. **What unique skills and experience define you as a superintendent?** Briefly identify your three (3) most significant accomplishments, **which exemplify those skills**, including the dates they were accomplished. What group(s) was most affected by each of the significant accomplishments, and how long has the benefit of the accomplishment been sustained?
2. So much of school requirements, operations, and finances are affected each year by the State Legislature. What experience have you had in working with State Representatives and Senators advocating for protecting schools goals/issues?
3. Specifically what have you done to improve student performance? How was the need identified, and what measures were put in place to correct performance? How was the performance measured, and how did you sustain the improvements?
4. Healthy communication with **ALL** constituents is a vital quality for a superintendent.
  - a.) Tell us about some instances where your communication skills effectively handled situations/negotiations with your administrators and staff.
  - b.) What communication experience have you had with broader groups in a school corporation like the following: community/town leaders, residents without school-aged children, parents, school foundations, etc.....?



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5. 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?
  
  
  
  
  
  
  
  
  
  
6. What is your vision for the school environment and what changes do you foresee in the near future for education?
  
  
  
  
  
  
  
  
  
  
7. How do you intend to sustain and improve our existing programming?

### **ADDITIONAL APPLICATION QUESTIONS**

Are you presently being investigated or under a procedure or process to consider your discharge for misconduct by your present employer?     Yes     No

Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?  
 Yes     No

Have you ever resigned from a prior position without being asked, but under circumstances involving your employer’s investigation of you for sexual conduct with another person, mishandling of funds, or criminal conduct?     Yes     No

Have you ever been charged with or investigated for physical or sexual abuse of another person?  
 Yes     No

Have you ever been charged with, pleaded guilty or “no contest” to, or been convicted of , any other crime of moral turpitude?     Yes     No

Have you ever been charged or convicted of a misdemeanor and/or felony, or ever entered a plea of guilty or a plea of “no contest” or has any court ever deferred further proceedings without entering a finding of guilty or placed you on probation for any crime:     Yes     No

If you answered “yes” to any one of the previous six questions, please explain on a separate paper, including the date of incident, charge, court action taken, the offense in question, and the address of any court involved.



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### AUTHORIZATION AND RELEASE

I authorize the Mt. Vernon Community School Corporation (MVCSC) to check my employment and criminal history, including without limitation, reference checks, and to seek the release of investigatory information, including my criminal history, possessed by any private or public employer or any local, state, or federal agency. I authorize these private or public employers or local, state, or federal agencies to release to the MVCSC any information they may possess concerning my employment or criminal history. This authorization for the release of the information includes both records regardless of how stored or maintained and information by interview. I will cooperate to the extent necessary to obtain the release of this information.

*I expressly waive and fully release the MVCSC, its agents, employees, attorneys, and/or Board of School Trustees from any and all claims or causes of action arising in connection with any request for, or provision of such information, including without limitation, defamation, infliction of emotional distress, invasion of privacy or interference with contractual relations that I might otherwise have against the MVCSC, its agents, employees, attorneys, and/or Board of School Trustees, or against any individual, corporate, and/or agency provider of such information. I have read this Authorization of Release, and I expressly agree to the terms set out herein.*

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

*I understand and agree that any false or misleading information on this application shall be sufficient grounds to refuse employment, and/or to cause termination of contract.*

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

Inquiries related to this application should be directed to the university team members. You may contact:

Dr. Lynne E. Lehman, e-mail: [lelehman@bsu.edu](mailto:lelehman@bsu.edu), phone: 317-385-4122

Completed application with all supporting materials must arrive by October 1, 2018 when the application review process will begin. Please mail the application and supporting materials to:

Dr. Lynn E. Lehman  
Department of Educational Leadership, Room 911  
Ball State University  
2000 West University Avenue  
Muncie, IN 47306