



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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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, 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