

PUTNAM COUNTY SCHOOLS
124 Putnam Parkway
Ottawa, Ohio 45875
(419) 523-5951

Columbus Grove Local
Continental Local
Jennings Local

Kalida Local
Leipsic Local
Miller City-N.C. Local

Ottawa-Glandorf Local
Ottoville Local
Pandora-Gilboa Local

APPLICATION FOR ADMINISTRATOR

APPLICANT'S NAME _____

POSITION DESIRED _____

PERMANENT ADDRESS _____

PHONE 1 _____ PHONE 2 _____

NOTICE REGARDING BACKGROUND SEARCH: As required by law, if I am under final consideration for employment, I hereby grant permission for a criminal background report by the Ohio Bureau of Criminal Identification and Investigation (BCII) and the Federal Bureau of Investigation (FBI) and for the release of any information obtained to the administration and board of education of the prospective employing district. Failure to do so may result in the applicant not being considered for employment.

The applicant can be made responsible for the cost of obtaining these background reports (currently \$56.00).

APPLICANT'S SIGNATURE _____

DATE _____

The Putnam County Educational Service Center is an Equal Opportunity Employer in compliance with Title VI of the 1964 Civil Rights Act, Titles VII and IX of The Educational Amendments, and Section 504 of the Rehabilitation Act, which prohibits discrimination because of RACE, COLOR, NATIONAL ORIGIN, HANDICAP, (AGE, SEX and/or RELIGION where applicable), MILITARY STATUS, ANCESTRY in any facet of our operation except where such discrimination is bona fide, documented business necessity.

COLLEGE EDUCATION

1. Name of School and Location

Degree Earned and Date Awarded

Major/Minor _____ Total Hours _____
(semester/quarter hours)

2. Name of School and Location

Degree Earned and Date Awarded

Major/Minor _____ Total Hours _____
(semester/quarter hours)

3. Name of School and Location

Degree Earned and Date Awarded

Major/Minor _____ Total Hours _____
(semester/quarter hours)

PERSONAL DATA

1. Certificate/license(s) held

2. Military Service: (From/To) _____

3. List of Awards/Honors or any additional information that you would like to call to the screening committee's attention

EXPERIENCE (List most recent first)

1. Name of School

Location _____

Dates Employed _____

Position _____

2. Name of School

Location _____

Dates Employed _____

Position _____

3. Name of School

Location _____

Dates Employed _____

Position _____

4. Name of School

Location _____

Dates Employed _____

Position _____

5. Name of School

Location _____

Dates Employed _____

Position _____

REFEREN CES: Persons knowledgeable of your qualifications for this position. Include especially administrators under whom you have worked.

1.Name_____

Position_____

Telephone No. _____No. of Years Known _____

2.Name_____

Position_____

Telephone No. _____No. of Years Known _____

3.Name_____

Position_____

Telephone No. _____No. of Years Known _____

PHILOSOPHY OF EDUCATION: In your own words and handwriting, briefly tell how you, as an administrator, will be able to assist us to continue our growth of excellence in education.