

Application Form

PRINCIPAL

Unified School District 268
CHENEY UNIFIED SCHOOL DISTRICT
Cheney, KS 67025

Address Application to:

Superintendent of Schools
100 West Sixth Street
Cheney, KS 67025

(Last)

(First)

(Middle)

Residence Address _____

Until _____, 20__

Phone _____

Office Address _____

Phone _____

Date of candidate's availability _____

Date of application _____

An Equal Employment/Education Opportunity Agency
Unified School District 268 does not discriminate on the basis of sex, race, color, national origin, disability, or age, in admission or access to, or
Treatment or employment in, its programs or activities.

PROFESSIONAL DATA

1. Current employment _____
2. Are you now under contract? _____ If so when does your contractual obligations expire? _____
3. Are you now certified to be a Principal in Kansas? _____

If so:

- a. Issue and expiration dates _____
- b. Kind of certificate _____

CHRONOLOGICAL EDUCATIONAL EMPLOYMENT

4.

School Name and Location	District Enrollment	Position and Duties	Dates	Months	Salary

5. Professional memberships relevant to position applied for: _____

6. List names and address of two character or professional references:

Name	Address

PERSONAL DATA

1. Do you have health problems that may affect your ability to perform your duties as a principal? _____

2. Have you ever been convicted of a crime involving moral turpitude? Yes _____ No _____

EDUCATIONAL DATA

1. High School _____

2. College training in chronological order:

School Attended and Location	Inclusive Dates	Degree and/or Hours	Major Field	Minor Field	Workshops or Seminars

3. Number of semester hours in major field: Undergraduate _____ Graduate _____

4. Number of semester hours in minor field: Undergraduate _____ Graduate _____

5. Professional honors and community activities: _____

OTHER WORK EXPERIENCE

Employer and Location	Duties	Months	Dates	Salary

ADDITIONAL DATA

1. If elected and conditions prove satisfactory to you, do you have any plans which would prevent your administrative work in our school district for at least two years?

2. State briefly your reasons for wishing to be a Principal in our district.

3. Please comment on your philosophy and specific approaches for developing curriculum excellence.

CANDIDATE'S EDUCATIONAL STATEMENTS

Please provide a brief narrative statement concerning your knowledge of or management skill in each of the following areas:
(use back of page if more space is needed)

- Management skills in working with people
- Knowledge of QPA and outcomes-based education
- Knowledge of evaluation of programs and people

References:

List five persons who may be contacted to give current information on your qualifications for a principal.

	1	2	3	4	5
Name					
Position					
Address					
Telephone					

Is it permissible to contact any or all of the above references? Yes _____ No _____
If no, after what date will contact be permissible? _____

APPLICANT JOB APPLICATION ACKNOWLEDGEMENTS

The following statements should be included on all job applications.

1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing this information to you. I authorize any background checks by any third party.
3. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.
4. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation and I release you from all liability for any damages that may result from your doing so.

Signature of Applicant

Date

Affidavit of Continuous Residency

STATE OF KANSAS)
) ss:
 COUNTY OF _____)

I, _____, of lawful age and being first duly sworn on my oath, allege and state as follows:

1. That I have been a permanent resident of the State of Kansas for the past _____ years.
2. That I have resided at the following addresses for the last 10 years: (List most recent first.)

Address (Street Address, Town or City, and Zip Code)	From	To

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

 Notary Public

My appointment expires: _____

Seal: