

ADMINISTRATIVE APPLICATION



Central Administration Offices
111 Academy Dr Marietta, Ohio 45750
Phone: (740)374-6500 Fax: (740)374-6506

FOR OFFICE USE ONLY:

Interviewed by: _____ Time & Date _____

NAME _____ PHONE _____

 Last First Middle

ADDRESS _____

 Street City State Zip

Social Security Number _____

Do you have any related records under a name other than that listed above? Yes _____ No _____

Please list additional names _____

List type and grade of current teaching certificate(s) held: _____

Present position _____

List college activities engaged in and any honors received before or after graduation:

Add here any additional information which you believe will assist in arriving at a true estimation of your qualifications:

Marietta City Schools, as an Equal Opportunity Employer, is committed to a policy of Affirmative Action in the employment and advancement of qualified persons without regard to race, color, religion, sex, national origin, age or handicap. APPLICATIONS WILL BE RETAINED FOR 1 YEAR AND MUST BE RENEWED BY YOU IF YOU WISH TO HAVE AN APPLICATION ON FILE BEYOND THE 1 YEAR PERIOD.

Please respond appropriately to the following questions.

1. Why do you feel qualified to serve as an administrator?

2. Why do you desire to serve as an administrator in Marietta City Schools?

3. What was the single most important instructional achievement of your school this past year in which you played a major role?

3. What is your philosophy of discipline?

References

These should be persons qualified to give any information to show your fitness for the position you seek. Please include superintendents, principals, and supervisors under whom you have worked.

NAME	ADDRESS	PHONE	OCCUPATION

Education:

NAME OF INSTITUTION ATTENDED	DATES ATTENDED	DEGREES	NO. OF SEM. HRS. EARNED	MAJORS	MINORS
Undergraduate					
Graduate Work					

Experience: Please list most recent experience first (show military experience if applicable).

NAME OF SCHOOL AND LOCATION	DATES INCLUSIVE	NO. OF MONTHS	Nature of Work- If Elem., Specify - If Secondary List Subjects Taught	Type of Experience Full Time, Substitute Student Teacher, Etc.

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements made on this application shall be considered grounds for dismissal, should I obtain employment at Marietta City Schools. It is further understood that I may be required to undergo a medical examination as designated by the school, at the school's expense, and that unless I meet all the physical requirements for the job I will not be employed or retained. I hereby authorize Marietta City Schools to obtain references from former employers, educational institutions, and personal references as I have shown on this application.

Signature of Applicant _____ Date _____