

Application for Superintendent

A New Leader for Our Children

Deadline for submitting this application: March 6, 2017

Personal information

_____	_____	_____
Last name	First	Middle
_____		_____
Business address		Telephone
_____		_____
City	State	Zip
_____		_____
Home address		Telephone
_____		_____
City	State	Zip

Employment history

Please list all full-time positions held both within and outside the fields of education. Starting with current or most recent, list the positions in reverse order.

Organization	Position	Salary	Dates	Reason for leaving position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever failed to be rehired? If so, explain (attach additional sheets, if needed).

Equal Opportunity Employer



Professional preparation

Institution	Major/minor	Degree	Graduation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No You are certified as a superintendent in South Carolina. **If not**, please contact the State Department of Education, Room 603, Rutledge Building, 1429 Senate Street, Columbia, SC 29201.

Other experiences, honors or awards (Attach sheets)

List other experiences, activities, honors or awards you consider important in your career.

Applicant's statement

Write a short (one-or two-page) commentary describing your view of the elements of a successful school district.

Is there anything on the internet that we may find if we search your name that you would like a chance to address or explain? Yes No

References

Please list the names of three persons you will ask to complete and return to us the attached reference form regarding your work and qualifications. State the type of relationship, and include your most recent supervisor. We may also contact these persons to talk about you.

Name, relationship	Address	City	State	Zip	Telephone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Yes No Have you ever been convicted of a crime? (Disregard minor traffic violations). (If yes, give explanation on an attached sheet.).

Assurance that your application is true and accurate

- I certify that the information in this application is true and accurate to the best of my knowledge and belief.
- I hereby authorize the Board of Trustees or its agent to conduct such investigation (including visits to my community) to obtain such records (including criminal and credit records) as the board deems necessary.
- I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

Signature of applicant _____ Date _____

Mail to: Dr. Jimmy Littlefield, 1650 Caldwell Road, Campobello, SC 29322

Or

Apply online & email to: Go to www.lancastercsd.com for application.

Complete and return to Dr. Jimmy Littlefield – alittlefield@windstream.net

Equal Opportunity Employer



Reference for Superintendent

A New Leader for Our Children

To the applicant

Please

- fill in your name below,
- forward a copy of this form to the persons you want to give you references
- enclose with the forms, stamped-envelopes addressed to Dr. Jimmy Littlefield, 1650 Caldwell Road, Campobello, SC 29322 so the references can mail the forms directly to Dr. Littlefield.

To the reference

_____ is a candidate for the position of superintendent of Lancaster County School District, Lancaster, S.C.

- Please state frankly your opinion of the applicant's qualifications, and
- return the reference form in the enclosed stamped envelope.

Thank you for your thoughtful responses!

Personal and professional characteristics

1. Check each item below in the space provided.

0 = Not observed

1 = Below average

2 = Average

3 = Above average

4 = Superior

Personal characteristics	0	1	2	3	4	Professional characteristics	0	1	2	3	4
Character						Scholarship					
Judgment						Leadership					
Health						Relationship to community					
Initiative						Relationship to students					
Dependability						Relationship to employees					
Responsibility						Financial manager					
Honesty						People manager					
Sense of humor						Time manager					
Appearance						Ability to make decisions					
Patience						Communication skills					
Integrity						Creativity					
Intelligence						Ability to listen					

2. How long have you known the applicant?

3. In what capacity have you known the applicant?

4. Briefly describe the applicant's leadership and administrative abilities that you believe qualify him/her for the position of superintendent of our district.

5. Identify at least two strengths and one weakness of the candidate.

6. Would you hire (or rehire) this person for a position in your organization? Please explain your answer.

Reference verification and contact information

If you have additional information you feel would be beneficial for the Board of Trustees to know about the applicant, please feel free to attach additional comments to this form or contact Dr. Jimmy Littlefield, 1650 Caldwell Road, Campobello, SC 29322 • 864-804-7683 • alittlefield@windstream.net.

Signature of reference _____ Date _____

Title _____ Institution _____

Mailing address _____

City _____ State _____ Zip _____

Yes No May we call you for a telephone reference? Telephone number: _____

