

Educational History

Doctorate

Degree	Institution	Program	Date Received
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Master's

Degree	Institution	Program	Date Received
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Bachelor's

Degree	Institution	Program	Date Received
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Certification(s)

Current Employment Data

Present Employer: _____

Address: _____

Telephone: (____) _____ Position or Title: _____

Years in Position: _____ Are you currently under contract? _____

Is your employer aware of this application? _____ Contract Expiration: _____

Your school system's 2018-19: Annual Budget: _____ Number of Schools: _____

Number of Employees: _____ Student Enrollment (ADM): _____

What is the percentage of decline or increase in student enrollment during the past five years? _____

Number of employees reporting directly to you: _____ Current Salary (Excluding fringe benefits): _____

Have you had a Superintendent's contract renewed? Yes No If so, when, where, and size of school district: _____

Have you ever been dismissed or failed to have a contract renewed? Yes No
If yes, please explain: _____

Base Salary Expectations (Excluding fringe benefits): _____

Do you have, or are you qualified for, a North Carolina Superintendent's License? Yes No

Do you have any objections to your present or previous employers being contacted for reference purposes? Yes No If yes, please explain: _____

Previous Employment History (Attach supplement or resume, if necessary)

List FULL-TIME experiences, both within and outside the field of education, beginning with most recent employment not included on prior page and continuing in reverse chronological order. Please attach additional page if necessary.

Position _____
Institution _____
Address _____
Telephone _____
Unit Size: _____ No. of Employees Supervised _____
Dates of Service _____ Reason for Leaving _____

Position _____
Institution _____
Address _____
Telephone _____
Unit Size: _____ No. of Employees Supervised _____
Dates of Service _____ Reason for Leaving _____

Position _____
Institution _____
Address _____
Telephone _____
Unit Size: _____ No. of Employees Supervised _____
Dates of Service _____ Reason for Leaving _____

Community Involvement (Attach supplement, if necessary.)

Please give a brief listing of activities or other evidence of community participation.

Professional Activities (Attach supplement, if necessary.)

Please list publications or research (including doctoral dissertation) projects.

Please list fellowships, scholarships, special studies, honors, etc.

References

Please provide an attachment of your references, including a minimum of four individuals, one of whom should be a recent employer or supervisor, one a leader in your community, and two educators who know of your work record. Do not list a relative.

Major Career Accomplishments (Attach supplement, if necessary.)

Additional Information

If your answer is yes to any of the following questions, please attach an explanation.

- | | | | |
|----|---|-----|----|
| 1 | Do you object to submitting a pre-employment and subsequent physical examination? | Yes | No |
| 2 | Do you have any objection to a request for your credit rating? | Yes | No |
| 3 | Have you ever been convicted or charged with a violation of any federal, state, county, or municipal law, regulation, or ordinance, including Driving Under the Influence/Driving While Intoxicated Charge? (Disregard minor traffic violations.) | Yes | No |
| 4 | Would you object to a visit to your community if you are among the finalists? | Yes | No |
| 5 | Please list the name and address of your local community newspaper. | | |
| 6 | When would you be available, if this position were offered to you? | | |
| 7 | Have you ever been convicted or pleaded no contest to a criminal offense, other than a minor traffic violation? If yes, please attach a separate sheet explaining the details. | Yes | No |
| 8 | Have you ever been charged with a crime (other than a minor traffic violation) and the charges were dismissed or you were found 'not guilty'? If yes, please attach a separate sheet explaining the details. | Yes | No |
| 9 | In regards to professional employment, have you ever been terminated, had your contract non-renewed, been asked to resign, or resigned under threat of termination? If yes, you may attach a detailed response. | Yes | No |
| 10 | Please list any aliases you have used in the past, including aliases used on social media. | | |

Additional Information (Please include your responses as a Word or PDF attachment)

1. What do you feel are your administrative strengths, and what do you feel are your special qualifications for this position?
2. The mission statement for our District is "Asheville City Schools will create learning environments that ensure Excellence with Equity for all students." The vision statement is "empower and engage every child to learn, discover and thrive." How would you further our mission and vision as Superintendent?

3. Briefly describe your experience or opinion concerning the following?

- The role of parents, civic leaders and community groups in improving the education of students in the Asheville City Schools
- Leadership style particularly in maintaining staff morale while meeting the challenges of continuous improvement

I hereby expressly authorize the Asheville City Board of Education, its agents and employees to make any investigation of my personal, financial or employment history, expressly including, but not limited to federal and/or state, criminal, law enforcement or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give to the Asheville City Board of Education, its agents or employees any information they may have regarding me. In consideration of the review of my employment application by the Asheville City Board of Education, I hereby release Asheville City Board of Education, its agents and employees, attorneys, Campbell Shatley, PLLC, and any and all providers of information to whom this is sent from any liability as a result of furnishing or receiving this information.

I certify that I have fully read this application and that all answers to questions herein are true and complete to the best of my knowledge. I authorize you to investigate all references (as provided) and to secure additional information, if necessary.

DATE

SIGNATURE