

Written Application Administrative Employment

**KENTON CITY SCHOOL DISTRICT**

222 West Carrol St.  
Kenton, Ohio 43326  
(419) 673-0775

*"Inspiring All to Inquire, Dream and Excel."*

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**Application Administrative Employment**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial : \_\_\_\_\_

Street Address: \_\_\_\_\_ Date of Application: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you employed in education at the present time? \_\_\_\_\_

If yes, indicate the school system and the position.

\_\_\_\_\_

What is your present occupation if it is not in education?

\_\_\_\_\_

Are you under contract at the present time? \_\_\_\_\_

If yes, please give the expiration date. \_\_\_\_\_

**Indicate the position for which  
you are applying:**

Principal: \_\_\_\_\_

District Office: \_\_\_\_\_

Athletic Director: \_\_\_\_\_

Other: \_\_\_\_\_

**Notification**

The Board of Education declare it to be policy of this District to not discriminate among individuals on the basis of race, color, religion, sex, national origin, ancestry, age, genetic information or disability.

When would you be available for employment by the Kenton City School District?

\_\_\_\_\_

How did you learn about the opening in our district?

\_\_\_\_\_

**Please include a copy of your valid Ohio certificate(s)/license(s) with the completed application unless issuance is pending. If you do not hold Ohio certification/licensure, you must contact the Ohio Department of Education to apply for the proper Ohio licensure.**

**TEACHING AND ADMINISTRATIVE EXPERIENCE** (use the first line for internship)

Name & Address of School	Subjects and grades taught /Administrative Experience and grade level	Dates: From	To

**PREPARATION** (List the grade level(s), or areas, you are licensed for in order of preference).

1.	2.	3.
4.	5.	6.

**COLLEGE OR UNIVERSITIES ATTENDED** (Please list in order starting with the most recent.)

Name of School	Dates: From	To	Degree	Academic and/or Teaching Majors	Semester Hours

**TEACHING, SUPERVISORY, and ADMINISTRATIVE CERTIFICATE/LICENSES**

Certificate or License #	State	Type	Area(s) of Certificate/Licensure	Date Issued	Date Expires

**ACADEMIC AND PROFESSIONAL REFERENCES** (If you are an experienced educator, include superintendents, principals, or supervisors under whom you have worked.)

Name	Address	Position	Telephone Number


**OTHER WORK EXPERIENCE**

Name and Address of Employer	Nature of the Work	Dates: From	To

**EXPERIENCE IN WORKING WITH STAFF** (Other than teaching)

Organization	Dates: To	From	Age Group	Responsibilities

## APPLICATION

We appreciate the time and interest you have given into completing this application to the Kenton City School District. We hope to reciprocate this by giving your application prompt consideration. Upon receipt of your application, it will be processed and placed in our active file for consideration when openings occur.

**Please make sure to include a copy of your Ohio teaching license/certificate, a copy of your transcripts, and your letters of recommendation with the completed application.** If you have other questions concerning employment in the Kenton City School District, we will make every effort to answer them for you.

## All Applications Should Be Renewed Annually.

## Salary Schedule

Professional employees are placed on the current salary schedule in accordance with their training and experience.

## Fringe Benefits

Longevity pay, family hospitalization, life insurance, professional and personal days and sick leave are a few of the benefits.

## School Year

The term of service constituting a school year provides for a minimum of 180 days of classroom instruction.

## Certification/Licensure

The individual employee assumes the responsibility of obtaining and renewing certification/licensure which must be filed with the Superintendent of Kenton City Local Schools.

"I hereby certify that the answers on this application are true and correct to the best of my knowledge and belief and that any deliberate misrepresentation of fact contained herein may be grounds of invalidating any contract commitments resulting from this application. I understand that my employment will be subject to the laws of the State of Ohio and to the job description and policies adopted by the County/Local Boards of Education."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*It is understood and agreed that the Kenton City School District may contact former employer(s) for verification of my employment history and compliance with the Bureau of Criminal Identification and Investigation (BCI) for background check and I hereby consent to such inquiries.*

*I understand that if I am employed prior to the District's receipt of the BCI report and verification of my work experience, my continued employment will be conditioned on: 1) satisfactory work experience as verified by contacts with former employers; and 2) receipt of a report demonstrating that I am in compliance with the criminal records and disclosure of convictions.*

*I further understand that falsification of any and all information on this application shall result in my being disqualified from employment or in my employment being terminated. By affixing my signature, I agree to the conditions listed on this application and will, if employed, tender my resignation of employment should I fail to fulfill these conditions. Furthermore, any person who knowingly makes a false statement is guilty of falsification under section 2921.13 of the Revised Code, which is a misdemeanor of the first degree.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**KENTON CITY SCHOOLS**  
Supplement to Application for Administrative Employment

First Name:

Last Name:

Date:

Position Applying For:

The questions below are a primary screening tool for all professional employment opportunities in the Kenton City School District. Each question may be answered in 250 words or less.

1. If there were absolutely no restrictions placed on you, what would you most want to do in life?
2. Will parents of students in your building be involved, engaged, or empowered, and what is your role in getting them there?
3. Describe what staff will learn from having you as a leader.

**FOR OFFICE USE ONLY**

**\*\*Applicants, please do not write on this page.\*\***

**Date Received**

_____	Cover Letter
_____	Resume
_____	Application Sent _____
_____	Application Completed and Returned
_____	Transcripts
_____	Ohio Licensure/Certificate(s)
_____	Letters of Reference
_____	Other: _____

**Additional Information/Comments:**

## APPLICANT WRITTEN FORMS EVALUATION

Position Applying For: \_\_\_\_\_

Skills Needed For This Position: \_\_\_\_\_

Experience Needed: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**Scale 1-4 with 4 being the highest**

- Cover Letter

Indicates candidate understands the position

\_\_\_\_\_

Has two relevant facts about self

\_\_\_\_\_

High readability (grammar, punctuation, spelling, signature)

\_\_\_\_\_

- Resume

High readability (grammar, punctuation, spelling, signature)

\_\_\_\_\_

Experience in teaching or student teaching is appropriate

\_\_\_\_\_

Educational background is appropriate

\_\_\_\_\_

- Transcripts

Grades are consistently high

\_\_\_\_\_

Taken appropriate course work

\_\_\_\_\_

- Letter of Recommendation strongly recommend the candidate

Letter #1

\_\_\_\_\_

Letter #2

\_\_\_\_\_

Letter #3

\_\_\_\_\_

- Application

High readability (grammar, punctuation, spelling, signature)

\_\_\_\_\_

Certification is an exact match

\_\_\_\_\_

Past teaching experience is a match

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course work has been taken in

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL:**

\_\_\_\_\_