ADMINISTRATIVE APPLICATION WABASH CITY SCHOOLS

189 W Market St., P.O. Box 744, Wabash, IN 46992 Phone 260-563-2151 Fax 260-563-2066 Website: www.apaches.k12.in.us

The Wabash City School District does not discriminate, deny benefits to, nor exclude anyone from participation on the basis of age, color of skin, religion, sex, national origin, or handicap.

A. GENERAL INFORMATION					
1. Name:			Date of Application:		
Last	First	Middle			
2. Present Address:			Present Phone:		
			Work Phone:		
City	State	Zip			
Email Address:					
	B. PROFESSIONAL	CERTIF	FICATION		
Applicants should possess certification.	a valid Indiana Administrator Certifi	cate or be ta	aking necessary steps to determine eligibility for		
License Number	Type of Certificate Grade Endorsement(s)	Issue/Ex	xpire Dates Subject(s)		
1					
2					
3. Internship status	Completed or not required	i	Needs to be completed		
4. Are you presently under contract with another school district for next year? If yes, where?					
	C. POSITI	ON DESI	RED		
Elementary Adn	ninistrator Middle Schoo	l Administr	ator High School Administrator		
Secondary Assis	stant Administrator Elem	nentary Assi	istant Administrator Superintendent		
Technology Director Athletic Director					
This application will rer	main on file for twelve (12) month	ns from the	date of application. It must be renewed or		

updated if further consideration for a position is desired.

D. EDUCATIONAL BACKGROUND

School/Colleg	ge Yrs Attended	Diploma/	Degree Earned		
ent file mav be	obtained:				
-					
		request it in ti	ic event it is needed:		
School Yr	Months Taught	Position	City/State		
EXPERIENC	CE OTHER THAN T	EACHING			
	Thome	1 (dilloci	rears wormen		
		ICE			
	Date Discharge/Type Disch	narge			
H. SALAR	Y INFORMATION				
ience credit: 2. Check current degree status: er of years of military service Bachelors Bachelors					
		gree status:			
	2. Check current deg Bachelors Bachelors + 15 Hi Masters				
	ent file may be le to us, do we E. TEACHI School Yr EXPERIENCE Position IILITARY E	ent file may be obtained: le to us, do we have your permission to E. TEACHING EXPERIENCE School Yr Months Taught EXPERIENCE OTHER THAN THOS Phone IILITARY EXPERIENCE/SERV Date Discharge/Type Disch	ent file may be obtained: le to us, do we have your permission to request it in the E. TEACHING EXPERIENCE School Yr Months Taught Position EXPERIENCE OTHER THAN TEACHING Phone Number IILITARY EXPERIENCE/SERVICE Rank Date Discharge/Type Discharge H. SALARY INFORMATION		

I. ADDITIONAL INFORMATION

Please respond to the following on a separate page and attach to your application. Please be brief and address the prompt specifically.

- 1. In your opinion, indicate the three most critical talents an Administrator must possess to be effective with students. Briefly describe each talent and your rationale for selecting it.
- 2. Briefly describe your use of technology in instruction and learning.

J. REFERENCES (Professional/Personal) (Please Print)					
Full Name Of Reference	Position/Relationship	Address	City	State	Phone No.
1					
2					
3					
4					
	K. REQUEST FOR B	ACKGROU	JND INFO	ORMATIO	 ON
Dear Applicant:	-				
below to help us evaluate with this information; you misrepresentation or omemployment regardless of the conviction of a crime Wabash City Schools with alleged conduct it underlying the affirmative. 1. If you are now working the working the second to th	e your suitability to work with the ou are not being singled out for ission of fact may be grounds for when the misrepresentation of e or any affirmative answer profil consider the nature of the confin question, your intervening of the response, and the position for the ing, is your conduct as an employer.	nese students. closer inspector disqualificator omission is vided by you oviction or allegonduct and the or which you a	All applicantion. This intion from f discovered. In this insert ged conducte relationshare applying ality of you	nts for employnsert is part urther consider is not an autounderlying the petween of the work the for work the forms.	that you complete the questions yment are expected to provide us of the application itself and any deration or for termination from tomatic bar to employment. The the affirmative response, the date the offense or alleged conduct ocus of an investigation by your parate sheet and attach it to this
• — •	ign rather than be terminated?	•	_	•	by your employer or been offered ircumstances on a separate sheet
member of society of including, but not lim investigated for, char	r society in general and which ited to theft, attempted theft, m	is contrary to urder, rape, sw y, or placed or	the accept yindling and n probation	ed rule of ri indecency w for any offe	es which a person owes another ight and duty between persons, with a minor. Have you ever been ense involving moral turpitude? to this application.
•	cency with a minor? Yes			•	crime involving the sexual abuse instances on a separate sheet and

5. Have you ever been charged with any criminal or juvenile offense? Yes No If yes, state when the charge were filed, in what court the charges were filed, the nature of the charges that were filed, whether you pleaded guilty or we found guilty, and what penalties or fines were imposed?						
6. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program Yes No If yes, explain the circumstances on a separate sheet and attach it to this application.						
L. AUTHORIZ	LATION AND RELEASE					
seek the release of investigatory information, including employer or any local, state or federal agency. I authorize	rment history, including without limitation, reference checks, and to a "Background Investigation" possessed by any private or public these private or public employers or local, state or federal agencies to may release concerning the matters described herein, and I will this information.					
false information on this application or if I have omitted an City Schools, or if hired, I may be discharged upon disc	n is true, accurate and complete. I understand that if I have given any material fact, I may be disqualified from employment with Wabash covery of such false statement(s) or omission(s). I further agree to low in force and effect or as they may change during my employment					
without limitation, defamation, infliction of emotional dis	ovision of such information, any claims or causes of action, including stress, invasion of privacy, or interference with contractual relations ols, its officials, employees, trustees or agents, or against any provider					
I HAVE READ THIS AUTHORIZATION AND RELE TERMS SET FORTH HEREIN.	ASE OF ALL CLAIMS, AND I EXPRESSLY AGREE TO THE					
Signature	_					
Printed Name						
Date						