

LAWRENCEBURG COMMUNITY SCHOOL CORPORATION
Lawrenceburg, Indiana

PERSONNEL APPLICATION FOR ADMINISTRATOR

Name _____
Last First Middle

Present Address _____
Street City State Zip

Present Telephone Area Code ____ Number _____

Permanent Address (if different) _____

Permanent Telephone (if different) Area Code _____ Number _____

Parent/Spouse's Name _____

Social Security Number _____

Indiana Teacher Retirement Number _____

The Lawrenceburg Community School Corporation does not discriminate against any individual because of race, sex, color, religion, national origin or physical handicap in the operation of its educational programs or activities. We are an Equal Opportunity Employer.

Earliest Date Available for Work _____

Are you under a current contract? _____

FOR ADMINISTRATIVE POSITION

Indicate order or preference

____ Elementary (K-5) _____

____ Middle School (6-8) _____

____ High School (9-12) _____

____ Other (Please List) _____

Return this Application to:
Superintendent's Office
Lawrenceburg Community School Corporation
300 Tiger Blvd.
Lawrenceburg, IN 47025

I. PERSONAL DATA

List special abilities – musical, artistic, athletic, debate, etc. _____

List your high school and college activities

List professional, honorary, and service organization memberships

Have you ever been convicted of a crime? _____ If yes, describe in full

Are you presently under investigation for a crime? _____ If yes, describe in full

II. EDUCATION

High School and College Training

Name of Institution	Location	Dates From-To	Date of Graduation	Major & Sem. Hrs	Minor & Sem. Hrs
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(HS) _____

(COL) _____

(COL) _____

(COL) _____

III. STUDENT TEACHING

School Corporation	Dates	Subjects or Grades	Supervising Teacher's Name and Address
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IV. TEACHING/ADMINISTRATIVE EXPERIENCE

Name of School System	Dates From-To	Subjects or Grades Taught	Supervisor's Name	Phone No.
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TOTAL YEARS OF PUBLIC SCHOOL EXPERIENCE (Not including Student Teaching) _____

YEARS OF MILITARY SERVICE _____

V. EXPERIENCE OTHER THAN TEACHING (Include Military Service)

Place	Occupation	Dates-From-To
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VI. LICENSE

Applicants must possess an Indiana certificate or present evidence showing eligibility for an Indiana certificate. Special education teachers should list areas of certification.

TYPE OR KIND OF LICENSE	STATE	EXPIRATION DATE	SERIAL NUMBER	SUBJECT OR GRADE

VII. REFERENCES

These should be five(5) individuals qualified to evaluate your personal and teaching qualifications. Please include administrators, supervisors, employers, critic teacher and/or college professors.

1. _____
Name _____ Position _____

Address _____ Phone _____
2. _____
Name _____ Position _____

Address _____ Phone _____
3. _____
Name _____ Position _____

Address _____ Phone _____
4. _____
Name _____ Position _____

Address _____ Phone _____
5. _____
Name _____ Position _____

Address _____ Phone _____

Agreement

I certify that the information given on this application is true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Lawrenceburg Community School Corporation.

Signature of Applicant

Date

Re-submit application for each school year or notify us annually that you wish to keep the file active.