



**Application for Superintendent of Schools**  
**Non -DISCRIMINATION POLICY IN HIRING:**  
**Opportunities within the Salem Schools shall be equal and non-discriminatory for all persons, regardless of race, religion, national origin, color, sex, age, family status, limited English proficiency or disability.**

**Personal Information**

Name \_\_\_\_\_  
Last First Middle Maiden

Home Address \_\_\_\_\_  
Street City State Zip

Business Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

Phone \_\_\_\_\_  
Daytime Cell

Present Position \_\_\_\_\_

Name of School District \_\_\_\_\_

Total Enrollment \_\_\_\_\_ Number of Elementary Schools \_\_\_\_\_

Number of Administrators \_\_\_\_\_ Number of Intermediate Schools \_\_\_\_\_

Number of Certified Staff \_\_\_\_\_ Number of Middle/ Junior High Schools \_\_\_\_\_

Number of Classified Staff \_\_\_\_\_ Number of High Schools \_\_\_\_\_

Do you hold a valid Indiana Chief Executive Officer's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Present Contractual Relationship**

Length of Present Contract \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date Available \_\_\_\_\_

Present Salary \_\_\_\_\_ Board Paid Annuities \_\_\_\_\_

Life Insurance Face Value \_\_\_\_\_ Term \_\_\_\_\_ Whole Life \_\_\_\_\_

Long Term Disability: Yes \_\_\_\_\_ No \_\_\_\_\_ Dental: Yes \_\_\_\_\_ No \_\_\_\_\_

Vision: Yes \_\_\_\_\_ No \_\_\_\_\_ Health: Yes \_\_\_\_\_ No \_\_\_\_\_

Travel Allowance \_\_\_\_\_ Other Benefits \_\_\_\_\_

Do you have a buy-out clause in your current contract? \_\_\_\_\_ Yes \_\_\_\_\_ No



## Background Information

### Professional Experience and/or Employment Record

Position	Organization	Size	Dates

### Educational Experience Graduate and Undergraduate

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### Professional Leadership

List professional organizations in which you are most active and indicate offices held and responsibilities

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### **Application for Superintendent Questions**

1. What unique skills and experience define you as a superintendent?
2. As superintendent, how do you keep district activities and information transparent to the Board, community and staff?
3. Describe your role in leading successful initiatives/projects that have benefited children, schools and/or the local community.
4. Describe your philosophy of educational leadership and how you would implement your vision for student achievement in our school corporation.
5. Describe how you would approach the Board, the faculty and staff, local government and business leaders, state legislators, and the community with respect to a potential referendum, for example to secure funding for a pre-kindergarten program or a capital improvements project.
6. As superintendent, how would you market the school corporation? Please provide specific examples of what you have accomplished in this area.

Attach additional pages as needed.



**Disclosure Questions**

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present or any past employers?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Have you ever resigned from a prior position without being asked under circumstances involving your employer’s investigation for sexual misconduct with another person, mishandling of funds, or criminal conduct??                                |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Have you ever been charged with pleaded guilty or no contest to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Have you ever been charged with, or investigated for, physical or sexual abuse of another person?  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Have you ever been convicted of a misdemeanor and/or felony, or ever entered a plea of guilty or a plea of no contest, or has any court deferred further proceedings without entering a finding of guilty, or placed you on probation for a crime? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Are you eligible to work in the United States of America?  |

**I have answered the above questions accurately and any “yes” answers for Questions 1 through 6 or a “no” answer for Question 7 are explained on a separate attachment including the date of the incident, charge, offense in question, court action taken, and the address of the court involved.**

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Applicant’s Signature	Date
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**Authorization and Release**

I authorize the (Name of School District) or its agent to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history, and qualifications. The school district or its agent will utilize sources of information it deems appropriate including, but not limited to, criminal conviction records, current and former employees, Department of Motor Vehicle records, military records, credit reporting services, educational records, professional and personal references, and workman compensation records including any and all injuries in compliance with the American with Disabilities Act. I agree, authorize, and consent to release and disclosure of any and all information, including, but not limited to, the above to the school district or its agent. I expressly waive in connection with any request for, or provision of such information, with any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school district, its officials, employees, trustees, or agents, any individual corporate, and/or agency provider of such information. I have read this authorization and release all claims, and I expressly agree to the terms set out herein. I understand that any false or misleading information on this application shall be fully sufficient grounds to be refused employment and/or have a contract terminated.

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Applicant’s Signature	Date
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The following items must be received by **August 16, 2019**

- Letter of Intent
- Current Resume
- Completed Application Form
- Copy of Valid License\*
- College or University Transcripts
- Three Current Letters of Recommendation

*\*Attach a copy of your license or a letter stating you are eligible for the license from the Indiana Department of Education.*

**Completed applications should be directed to (via US Mail or email):**

Dr. Walter Bourke  
7420 Broadmead Dr.  
Indianapolis, IN 46259  
Wbourke@iu.edu  
(317) 417-7513

If you have any questions, please direct them to **Lead Team Member** and not to the school district. The University placement Team will assist the Board in the screening process. All applications will be held in strict confidence.

