

KENTON CITY SCHOOLS

Administrative Employment Application

Position Sought: Superintendent, Kenton City Schools Date: _____

Personal Data

Name _____ Social Security # or _____
Last First Middle Teacher ID Number (to verify certification)

Present Address: _____ Telephone: _____
Number Street Home Work

City State Zip

How long at present address: _____

Previous Address: _____
Number Street

City State Zip

How long at previous address: _____

Certification/Licensure

Please indicate below the Ohio Certificate(s) you hold or anticipate receiving.

Type of Certificate/Licensure	Expiration Date	License Number
_____	_____	_____
_____	_____	_____
Out of State Certificate	Expiration Date	
_____	_____	

Education

High School Attended _____

Institution	Address/City/State/Zip	Date Attended	Majors/Minors	Degree and/or Semester Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you plan to continue your education? If yes, please explain: _____

Please provide a written narrative describing why you are interested in being Superintendent of Kenton City Schools and your vision for our district.

Please attach this narrative.