

Covington Community School Corporation
Application for Superintendent

APPLICANT INFORMATION

Full Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Present Position/School Corporation _____

| | | | |
|------------------------|--|-------------------------|--|
| Pupils Enrolled | | Elementary Schools | |
| Total Certified Staff | | Intermediate Schools | |
| Total Classified Staff | | Middle/Jr. High Schools | |
| Annual District Budget | | Senior High Schools | |

| | | |
|---|-----|----|
| Do you hold a valid Indiana Superintendent's license? | YES | NO |
| May we contact your employer? | YES | NO |

PRESENT CONTRACTUAL RELATIONSHIP

Length of Present Contract: _____ Expiration Date: _____ Date Available: _____

Buy-out Clause: _____ Current Salary:- _____ Board Paid Annuities: _____

Life Insurance Face Value: _____ Travel Allowance: _____ Other: _____

| | | | | | |
|----------------------|-----|----|------------------|-----|----|
| Long Term Disability | YES | NO | Dental Insurance | YES | NO |
| Vision Insurance | YES | NO | Health Insurance | YES | NO |

Other Insurance or benefits:

PROFESSIONAL EXPERIENCE AND/OR EMPLOYMENT RECORD

(please list most recent first)

| <i>Position</i> | <i>Organization</i> | <i>Dates of Employment</i> |
|-----------------|---------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |

UNDERGRADUATE AND GRADUATE EDUCATIONAL EXPERIENCE

(please list most recent first)

| <i>Institution</i> | <i>Dates Attended</i> | <i>Major/Minor</i> | <i>Degree/Date</i> |
|--------------------|-----------------------|--------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

PROFESSIONAL LEADERSHIP

| <i>Professional Organization</i> | <i>Offices Held</i> | <i>Responsibilities</i> |
|----------------------------------|---------------------|-------------------------|
| | | |
| | | |
| | | |

As part of the application process, please answer the following questions.

1. What interests you about the Covington Community School Corporation Superintendent position?
2. Explain your philosophy of leadership.
3. What are your areas of strength and/or what areas do you see as further development for you as a school district leader?
4. How do you build strong professional relationships?
5. How do you motivate people?
6. What is your background in school finance?
7. What experiences or skills do you possess in marketing a school district?
8. What is your philosophy on education?

The application form and instructions can be downloaded by visiting the Covington Community School Corporation website at: www.covington.k12.in.us Any questions about the search may be directed to Gib Crimmins at: 219-869-0175.

Completed application materials should be mailed or electronically submitted to:

Administrator Assistance

Superintendent Search

Covington Community School Corporation

Gib Crimmins

PO Box 87—116 W 7th Street

Brookston, IN 47923

gibcrimmins@gmail.com

For an application to be considered complete the application materials must include the application form, cover letter, resume and contact information for references. Applicants will be notified when application materials have been received and when the application materials are considered to be complete.