

# Lexington County School District One

Lexington, South Carolina

## Application for Position of Superintendent

**DEADLINE: July 25, 2022**

**PERSONAL INFORMATION** *(use tab key to move to the next field)*

|           |            |             |
|-----------|------------|-------------|
| _____     | _____      | _____       |
| Last Name | First Name | Middle Name |

\_\_\_\_\_

Mailing address

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| City  | State | Zip   |

|                |                    |                |
|----------------|--------------------|----------------|
| _____          | _____              | _____          |
| Home Telephone | Business Telephone | Cell Telephone |

\_\_\_\_\_

E-mail Address

**CURRENT EMPLOYMENT**

|                  |             |
|------------------|-------------|
| _____            | _____       |
| Current position | Base salary |

|  |                                |
|--|--------------------------------|
| _____  | _____                          |
| Employer: Type of school district, firm, or organization | Total value of fringe benefits |

\_\_\_\_\_

Operating budget of current district in which you are employed

Are you certified as a superintendent in South Carolina? Yes  No

(If you do not hold a South Carolina superintendent's certificate, please contact: The Office of Educator Licensure, South Carolina Department of Education, 803-896-0325, licensure@ed.sc.gov)

Have you ever had a license or certificate revoked in any state? Yes  No   
(if yes, provide explanation on attached sheet.)

Have you ever been convicted of a crime? (Disregard minor traffic violations) Yes  No   
(if yes, provide explanation on attached sheet.)

I certify that the information in this application is true and accurate to the best of my knowledge and belief. I hereby authorize the Board of Trustees or its agents to conduct such investigation (including visits to my community) and to obtain such records (including criminal and credit records) as the Board deems necessary. I understand that giving false or misleading information, either oral or written, may result in denial or termination of my employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**All requests for information must be directed to The South Carolina School Boards Association and not the Board of Trustees or administration.**

**Applicant's Statement** Please answer the following questions using one-half page or less for each question and attach to the application. *(text blocks for these questions will expand as you type)*

1. Identify characteristics of your leadership style that others would most commonly use to describe you.

2. How will you directly impact the improvement of student achievement in Lexington County School District One?