Cherokee County School District

Gaffney, South Carolina

Application for Position of Superintendent

PERSONAL INFORMATION	(use tab key to move to the next field)	INE: October 7, 2024
Last Name	First Name	Middle Name
Mailing address		
City		State Zip
Home Telephone	Business Telephone	Cell Telephone
E-mail Address		
Current position		Base salary
Employer: Type of school district, firm, or organization		Total value of fringe benefits
Operating budget of current distr	ict in which you are employed	
Are you certified as a superintence	lent in South Carolina?Yes 🗌 No 🗌]
	superintendent's certificate, please contac tion, 803-896-0325, <u>licensure@ed.sc.gov</u>	
Have you ever had a license or ce (if yes, provide explanation on attach	rtificate revoked in any state? Yes 🗌 ed sheet.)	No 🗌
Have you ever been convicted of a (if yes, provide explanation on attach	a crime? (Disregard minor traffic violat ed sheet.)	tions) Yes 🗌 No 🗌
belief. I hereby authorize the Boar visits to my community) and to of	his application is true and accurate to rd of Trustees or its agents to conduct otain such records (including criminal tand that giving false or misleading in on of my employment.	t such investigation (including and credit records) as the
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 <u>using one-half page or less</u> 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 Cherokee County School District?