Hampton County School District

Varnville, South Carolina

Application for Position of Superintendent

PERSONAL INFORMA	ATION (use tab key to move to the next field)	ADLINE: September 30, 2024
Last Name	First Name	Middle Name
Mailing address		
City		State Zip
Home Telephone	Business Telephone	Cell Telephone
E-mail Address		
CURRENT EMPLOYM	ENT	
Current position		Base salary
Employer: Type of school district, firm, or organization		Total value of fringe benefits
Operating budget of curren	nt district in which you are employed	
Are you certified as a supe	erintendent in South Carolina? Yes	No 🗌
	arolina superintendent's certificate, please of Education, 803-896-0325, <u>licensure@ed.s</u>	
Have you ever had a licens (if yes, provide explanation or	se or certificate revoked in any state? Ye n attached sheet.)	es 🗌 No 🗍
Have you ever been convictified (if yes, provide explanation or	eted of a crime? (Disregard minor traffic n attached sheet.)	violations) Yes 🗌 No 🗍
belief. I hereby authorize t visits to my community) as Board deems necessary. I	on in this application is true and accurate he Board of Trustees or its agents to cond to obtain such records (including criunderstand that giving false or mislead mination of my employment.	nduct such investigation (including minal and credit records) as the
Signature of Applicant	 Date	

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 Hampton County School		
District?		