## **Chesterfield County School District**

Chesterfield, South Carolina

## **Application for Position of Superintendent**

PERSONAL INFORMATION (use tab key to move to the next field)  DEADLINE: March 25, 2025			
Last Name	First Name	Middle Name	
Mailing address			
City		State	Zip
Home Telephone	Business Telephone	Cell Telephone	
E-mail Address			
CURRENT EMPLOYMI	ENT		
Current position		Base salary	
Employer: Type of school d	istrict, firm, or organization	Total value	e of fringe benefits
Operating budget of curren	t district in which you are employed		
Are you certified as a super	rintendent in South Carolina? Yes 🗌 No		
, -	rolina superintendent's certificate, please cont f Education, 803-896-0325, licensure@ed.sc.go		
Have you ever had a license (if yes, provide explanation on	e or certificate revoked in any state? Yes [attached sheet.)	□ No □	
Have you ever been convict (if yes, provide explanation on	ted of a crime? (Disregard minor traffic violattached sheet.)	lations) Yes 🗌	No 🗌
belief. I hereby authorize the visits to my community) and Board deems necessary. I u	on in this application is true and accurate the Board of Trustees or its agents to conduct to obtain such records (including criminal understand that giving false or misleading mination of my employment.	act such invest nal and credit r	igation (including ecords) 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.

<b>Applicant's Statement</b> 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 Chesterfield County School District?			