

**PUTNAM COUNTY EDUCATIONAL SERVICE CENTER**  
**124 Putnam Parkway**  
**Ottawa, Ohio 45875**  
**(419) 523-5951**

**APPLICATION FOR ADMINISTRATOR**

APPLICANT'S NAME \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_

**NOTICE REGARDING BACKGROUND SEARCH:** As required by law, if I am under final consideration for employment, I hereby grant permission for a criminal background report by the Ohio Bureau of Criminal Identification and Investigation (BCII) and the Federal Bureau of Investigation (FBI) and for the release of any information obtained to the administration and board of education of the prospective employing district. Failure to do so may result in the applicant not being considered for employment.

The applicant can be made responsible for the cost of obtaining these background reports (currently \$60.00 at the Educational Service Center).

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

The Putnam County Educational Service Center is an Equal Opportunity Employer in compliance with Title VI of the 1964 Civil Rights Act, Titles VII and IX of The Educational Amendments, and Section 504 of the Rehabilitation Act, which prohibits discrimination because of RACE, COLOR, NATIONAL ORIGIN, HANDICAP, (AGE, SEX and/or RELIGION where applicable), MILITARY STATUS, ANCESTRY in any facet of our operation except where such discrimination is bona fide, documented business necessity.

Revised 10/2017

# COLLEGE EDUCATION

**1. Name of School and Location**

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Degree Earned and Date Awarded

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Major/Minor \_\_\_\_\_ Total Hours \_\_\_\_\_  
(semester/quarter hours)

**2. Name of School and Location**

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Degree Earned and Date Awarded

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Major/Minor \_\_\_\_\_ Total Hours \_\_\_\_\_  
(semester/quarter hours)

**3. Name of School and Location**

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Degree Earned and Date Awarded

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Major/Minor \_\_\_\_\_ Total Hours \_\_\_\_\_  
(semester/quarter hours)

## PERSONAL DATA

**1. Certificate/license(s) held**

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**2. Military Service:** (From/To) \_\_\_\_\_

**3. List of Awards/Honors** or any additional information that you would like to call to the screening committee's attention

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**EXPERIENCE (List most recent first)**

**1. Name of School**

\_\_\_\_\_

Location \_\_\_\_\_

Dates Employed \_\_\_\_\_

Position \_\_\_\_\_

**2. Name of School**

\_\_\_\_\_

Location \_\_\_\_\_

Dates Employed \_\_\_\_\_

Position \_\_\_\_\_

**3. Name of School**

\_\_\_\_\_

Location \_\_\_\_\_

Dates Employed \_\_\_\_\_

Position \_\_\_\_\_

**4. Name of School**

\_\_\_\_\_

Location \_\_\_\_\_

Dates Employed \_\_\_\_\_

Position \_\_\_\_\_

**5. Name of School**

\_\_\_\_\_

Location \_\_\_\_\_

Dates Employed \_\_\_\_\_

Position \_\_\_\_\_

**REFERENCES:** Persons knowledgeable of your qualifications for this position. Include especially administrators under whom you have worked.

1.Name\_\_\_\_\_

Position\_\_\_\_\_

Telephone No. \_\_\_\_\_No. of Years Known \_\_\_\_\_

2.Name\_\_\_\_\_

Position\_\_\_\_\_

Telephone No. \_\_\_\_\_No. of Years Known \_\_\_\_\_

3.Name\_\_\_\_\_

Position\_\_\_\_\_

Telephone No. \_\_\_\_\_No. of Years Known \_\_\_\_\_

**PHILOSOPHY OF EDUCATION:** In your own words and handwriting, briefly tell how you, as an administrator, will be able to assist us to continue our growth of excellence in education.