



APPLICATION FOR EMPLOYMENT ADMINISTRATOR

Crowley County School District

Mission Statement

*Crowley County School District strives to prepare all students to be college and career ready,
through a safe and disciplined environment.*

Crowley County School District Re. 1-J
1001 Main Street
Ordway, CO 81063
www.cck12.net

Phone 719-267-3117

Fax 719-267-3130

Crowley County School District

Application for ADMINISTRATOR

1. Personal Information

Name _____
Last First Middle Social Security Number

Home Address _____ Telephone _____

City _____ State _____ Zip _____

Email: _____

Business Address _____ Telephone _____

City _____ State _____ Zip _____

All correspondence will be sent to the above home address unless otherwise requested.

2. Present Position

Please respond to each item. If you are not currently employed in a public school position, list your current position, not the most recent school position and provide as complete information as possible.

Are you presently employed? yes no

Title _____ Since _____

Employer _____ Telephone _____

Address _____
Street or Box # City State Zip

Present Salary _____ Length of Contract _____ Expiration Date _____ Date Available _____

Reason for leaving most recent position _____

Name of immediate supervisor _____ Title _____

Business Phone _____ Home Phone _____

I hereby give permission to contact my present employer.

I would prefer that my present employer not be contacted.

3. Certification / Licensure

Colorado certification / license

Expiration Date

Other licenses

4. Background Check:

In addition to the following information, a thorough background check will be conducted as required by state law.

a. Have you ever been convicted for a felony? ___ Yes ___ No

If yes, please explain.

b. Have you ever been involuntarily terminated or asked to resign from the employment of a school district? ___ Yes ___ No

If yes, please explain.

c. Have you ever reached a mutual decision with an employing board to vacate a contract before its expiration? ___ Yes ___ No

If yes, please explain.

d. Are you aware of any reason you would not be able to perform the duties required of the position for which you are making application? ___ Yes ___ No

If yes, please explain.

****Conviction of a crime is not an automatic bar to employment. This district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.***

Application Process

Your application must include **ALL** of the following:

- The completed application forms, including the properly filled out questionnaire insert
- Cover letter (a general statement of why you should be considered for this position)
- Resume
- A photocopy of your current Colorado Administrator's License; if not included in packet, are you eligible for a Colorado Administrator's License? (If you have questions please contact the Colorado Department of Education, Teacher Certification Unit, 201 East Colfax, Denver, CO 80203 or call (303) 866-6628 concerning licensure rules. The website for CDE is: www.cde.state.co.us.)
- Documentation of completion of a Colorado Induction Program, if applicable.
- Three (3) letters of reference from colleagues, principals, supervisors or superintendents under whom you have worked in the past five years. These letters must include dates of employment.

Applicants should not make direct contact with members of the Board Of Education or administrative staff.

Applicant's names will remain confidential until invited to Crowley County School District for an interview.

Please address applications, credentials, and requests for information to:

Administrator Search
Scott Cuckow
Crowley County School District Re. 1-J
1001 Main Street
Ordway, CO 81063
www.cck12.net
Phone: 719-267-3117
Fax: 719-267-3130
Email: scott.cuckow@cck12.net

AGREEMENT

I hereby certify that all statements made on this application are true, accurate, and complete. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of the application or termination of employment. I hereby authorize the district or its agents to conduct work history and personal reference checks to verify statements on this application form and other materials provided as part of my application for this position.

Signature

Date

An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.