

**G. TRYON AND ASSOCIATES, LLC
STANDARD APPLICATION FORM**

SUPERINTENDENT OF EDUCATION

WESTWOOD COMMUNITY SCHOOL DISTRICT

A. PERSONAL INFORMATION (please respond to each item)

(Last Name)	(First Name)	(Middle Initial)

Home Address
City, State, Zip

Work Address
City, State, Zip

(Home Phone)	(Work Phone)	(Cell Phone)

(Email Address)	(Date Application Submitted)

B. CURRENT POSITION (please respond to each item)

(Present Title)	(Current Position Held Since Which Year)

Employer
Employer Address
City, State, Zip

(K-12 Enrollment)	(Number FTE Staff— District Wide)

(Present Annual Base Salary)	(Annuity, if any)

(Number Years of Present Contract)	(Present Contract Expires When)

C. EDUCATIONAL BACKGROUND

Please list the colleges or universities you have attended and the degrees received. List them in order, beginning with the most recent.

Name/Location of Institution	Year (s)	Degree	Major

D. ADMINISTRATIVE AND TEACHING EXPERIENCE

Please list administrative experience first, beginning with your current assignment.

Position	Name of District	City and State	Specific Years Employed

(Please explain any gaps in employment—if any.)

E. OTHER RELEVANT EMPLOYMENT OR EXPERIENCE

Position	Employer	City and State	Specific Years Employed

F. REFERENCES— Please list four individuals who are very familiar with your professional work and who may be contacted.

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

G. HONORS AND DISTINCTIONS—List degrees, honors, commendations, elective or appointive offices held, or other distinctions received.

H. NARRATIVE RESPONSE—On a separate sheet of paper (1-3 pages total), please respond to each of the following questions:

1. Why do you want to be superintendent of this district?
2. What is your most significant strength as an educational leader? How will you apply this strength to this school district?
3. How do you view the relationship between the superintendent and the board of education?
4. What are two of the most important job functions of a superintendent as they relate directly to students?

I. BACKGROUND INFORMATION—If you answer “yes” to any of the following questions, please attach a written response describing, in detail, an explanation of the circumstances involved:

1. Have you ever been convicted of a violation of law other than a minor traffic violation? (The term “conviction” includes any conviction, a guilty plea, a plea of nolo contendere or no contest, a suspended sentence, a deferred sentence, a deferred judgment, or a finding of guilt by a jury or judge.)
_____ yes _____ no
2. Have you ever been terminated or discharged, or resigned at the request of your employer from any job related to K-12 education?
_____ yes _____ no
3. In connection with your professional responsibilities, have you ever been the subject of a complaint or been disciplined by a court or a licensing board of any state?
_____ yes _____ no
4. Are you currently under investigation, by any regulatory body, for any alleged misconduct or other alleged grounds for discipline?
_____ yes _____ no
5. Has there been any incident that could negatively affect your ability to lead this District?
_____ yes _____ no

J. CURRENT EMPLOYMENT STATUS

- 1. Do you currently hold a valid Iowa Superintendent’s endorsement?
 yes no
- 2. Do you currently hold a valid Iowa Evaluator Approval endorsement?
 yes no
- 3. Are you currently under contract for any school district next year?
 yes no
- 4. Has the possibility of a contract release been discussed with your current employer?
 yes no

K. AUTHORIZATION—Please read carefully and then sign your name if you agree to the terms.

I hereby certify that the statements made by me in this application and all related information which I have provided are true, my own work product, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the District discovers the violation of its policy regarding application form dishonesty.

Signature of Applicant Date

L. ADDITIONAL AUTHORIZATION—Please read carefully, then sign and date.

I acknowledge that the position of superintendent is a position of public trust and I specifically authorize the Board of Directors, or its agents, with respect to this application to contact my references, to investigate my background, and to make such other inquiries as the Board in its discretion deems relevant to assess my qualifications for the position of superintendent. I authorize former employers, my references or any other person contacted by the Board or its agents in investigating the merits of my application to disclose personnel records and appraisals of my performance or information about my qualifications for the position of superintendent, and release them from any liability for such disclosure.

I further understand that if I apply for employment with the District, the District may conduct a check of my criminal background. I agree to sign a DCI Criminal Background Check Waiver authorizing the District to obtain a check of my criminal history, and I further agree to provide all information necessary to obtain this criminal background check.

Signature of Applicant Date

M. STATEMENT OF APPLICANT’S RIGHTS—Please read carefully, then sign and date.

I hereby request that this application and any applicable materials be kept confidential; that all information with respect to my application be kept confidential; that my application materials and all information obtained with respect to my application be considered in closed session of the Board; and that if I am interviewed, the initial interviews and the deliberations with/of the Board with respect to my application be in closed session with the Board in order to prevent needless or irreparable injury to my reputation. Unauthorized disclosure or making such communications available for general public examination could cause needless irreparable injury to my reputation and would discourage my application for the position of superintendent. I further understand that, if I am designated as a finalist, my final interview with the Board and/other individuals/groups may, at the discretion of the board, be in public.

Signature of Applicant Date

N. APPLICATION INFORMATION

1. All application materials should be **mailed** to (no faxed applications, please):
Dr. Gaylord Tryon, President
G. Tryon & Associates
PO Box 265
Johnston, Iowa 50131-0265
Telephone 515-727-5807
Email gtryon@mchsi.com
Web Site www.gtryon.com
2. Applicants, and/or their designees, are asked not to contact members of the Board of Education during this search process.
3. In order to be considered for this position, your application materials must include and be presented in the following order (***please do not staple, bind, or fold your application materials; please send everything on letter size paper and printed on one side only***):
 - a. a letter of application
 - b. resume'
 - c. completed and signed application form (including signatures)
 - d. written response to the four narrative questions (part H of the application form)
 - e. maximum of four *recent* letters of recommendation regarding your professional work (preferably at least two from your current employer)
 - f. photocopy of college/university transcripts
 - g. a copy of (or documented evidence of eligibility) a current Iowa school superintendent's endorsement—including your evaluator approval

PLEASE NOTE: NEITHER THE DISTRICT OR ANYONE REPRESENTING G. TRYON & ASSOCIATES DISCRIMINATE BASED ON GENDER, RACE, NATIONAL ORIGIN, RELIGION, CREED, AGE, MARITAL STATUS, SEXUAL ORIENTATION, OR DISABILITY.