

Florida School Boards Association

APPLICATION FOR EXECUTIVE DIRECTOR

Mail completed application to:

Bill Graham
FSBA Executive Director Search
203 S. Monroe Street
Tallahassee, FL 32301

The document expands to
accommodate your answers.

Complete application packages must be **a)** postmarked by midnight **February 28, 2015** OR
b) hand delivered to 203 S. Monroe St., Tallahassee, FL by 4:30 p.m. **February 28, 2015** OR
c) emailed to graham@fsba.org by 4:30 p.m. **February 28, 2015**.

**Questions, requests for information, and other inquiries should be addressed to
Bill Graham, search facilitator: graham@fsba.org or 850-414-2578.**

I. PERSONAL INFORMATION

Check one: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. _____
Last Name First Name Middle Name

Present Address _____

City _____ State _____ Zip _____

Daytime Telephone Number _____ Social Security Number _____

Home Telephone Number _____ Cell Phone Number _____

Personal Email Address (*Not your job email address*) _____

II. PRESENT EMPLOYER INFORMATION

Present Employer* _____

* Indicate unemployed or retired, if applicable. Do not list past employer here.

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Title of Position _____

Length of Time in Current Position _____ Does your employer know of this application? _____

Amount of organization's annual budget for which you are responsible \$ _____ (if applicable)

Number of employees for whom you have responsibility _____ How many employees report directly to you? _____

III. EMPLOYMENT HISTORY

Please list all FULL TIME experience. List current employment first and continue in *reverse* chronological order. Under each position listed, provide a short explanation of the major duties. (The space expands as you type to accommodate your answer.)

Date Of	Position Title &	Organization &	Size/	Reason For
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IV. EDUCATIONAL AND PROFESSIONAL TRAINING.

List your most recent education and training first and continue in *reverse* chronological order. (The space expands as you type to accommodate your answer.)

Name of Institution	Address of Institution	Major/Minor	Dates Attended From To		Certificate/Degree (Specify)
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V. HONORS AND AWARDS. List scholarships, articles authored, books authored, honorary degrees, citations, special recognitions, workshops conducted, major addresses, etc. (The space expands as you type to accommodate your answer.)

VI. COMMUNITY ACTIVITIES. List the community organizations with which you are affiliated and are regularly engaged in activities. List the specific role (s), i.e. office held, volunteer, etc. you have played in each organization. (The space expands as you type to accommodate your answer.)

VII. MAJOR CAREER ACCOMPLISHMENT. As you think about your career, explain in one or two statements what you consider to be your major career accomplishment and why. (The space expands as you type to accommodate your answer.)

VIII. PERSONAL ATTRIBUTES. List the personal attributes you feel you possess that will help assure your success as GSBA Executive Director. (The space expands as you type to accommodate your answer.)

IX. REFERENCES

Please list at least three individuals, one of whom should be a recent employer or supervisor, one a leader in your community and one an individual who does not reside in your community. *Do not list a relative.* List any limitations on contacting references. Your references will be contacted without further notice; please be sure your references are aware you are listing them. Additional references may be requested/contacted at a later date.

NAME	POSITION	PRESENT ADDRESS	CELL PHONE	EMAIL	LIMITATIONS
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X. APPLICANT'S STATEMENT. Describe why you want to be FSBA Executive Director. (Use as much space as you need.)

XI. SPECIFIC CRITERIA TO THIS POSITION.

The FSBA Board of Directors has adopted the criteria (listed below) to be used as candidates are evaluated for the position of Executive Director. Candidates will be evaluated on their professional merits, with emphasis on the criteria. Please indicate your qualifications related to each criterion in the spaces provided under each bullet point. Even if the information is answered elsewhere, provide complete answers in this section. (The area

under each bullet will expand as you type to accommodate your answer.)

- A documented history of:
 - Successful experience in the field of education, the non-profit sector, or government sector
 - Effective public speaking and written communication skills
 - Outstanding leadership skills in personnel management
 - A team-building approach to leadership
 - A commitment to fostering collaborative relationships among the Association, the Board of Directors, local boards of education, and other entities
 - Sound financial management
 - Experience in supervising employees
 - Knowledge and experience in utilization of technology
 - Knowledge and experience in strategic planning
 - Involvement in professional organizations.
- Of good moral character; not convicted of any crime involving moral turpitude

Section XII. PERSONAL AFFIRMATION (Mark beside **Yes** or **No**; All questions must have a response.)

Enter explanations where appropriate. *(The space will expand as you type to accommodate your explanations.)*

1. Have you ever been dismissed, suspended or terminated from any professional, educational or management employment position? ☐ **Yes** ☐ **No** *If yes, please provide the date and name and address of the employer, and stated reason for the adverse action here:*
2. Have you ever resigned or been given an opportunity to resign, withdraw an employment application, or not offered reemployment as a result of charges, or a disagreement or misunderstanding with an employer?
☐ **Yes** ☐ **No** *If yes, state the date(s), name and address of the employer(s) and a reasonably full statement of the basis and circumstances here:*
3. Do you understand that because of the nature of the position for which you are applying, that the employer may require a background check, including a search of, criminal records and credit history?
☐ **Yes** ☐ **No** Please provide your birthdate: _____ *(for background check purposes only)*
4. Do you agree and consent for such background search and investigation to be conducted, and agree to hold the Georgia School Boards Association and all officials, representatives and employees of the foregoing harmless from all claims for libel, slander, invasion of privacy, intentional infliction of emotional distress and similar claims?
☐ **Yes** ☐ **No**
5. Do you have any objections to your previous employers being contacted for reference purposes?
☐ **Yes** ☐ **No** [If yes, explain here]
6. Are you currently the subject of any investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by any state agency?
☐ **Yes** ☐ **No** [If yes, explain here]

7. Have you ever received a less than honorable discharge from any branch of the armed services?
____ **Yes** ____ **No** [If yes, explain here]
8. Have you ever left an employment position (been asked to resign or retire, been dismissed, terminated, suspended, non-renewed or otherwise) while under investigation or under circumstances that were not solely voluntary?
____ **Yes** ____ **No** [If yes, explain here]
9. Are you the subject of a pending investigation involving a criminal act?
____ **Yes** ____ **No** [If yes, explain here]
10. For any felony or any crime involving moral turpitude, have you ever: Pled guilty; Entered a plea of nolo contendere; Been found guilty; Pled guilty to a lesser offense; Been granted first offender treatment without adjudication of guilt; Participated in a pre-trial diversion program; Been found not guilty by reason of insanity; or, Been placed under a court order whereby an adjudication or sentence was withheld?
____ **Yes** ____ **No** [If yes, explain here]

I affirm that all information is true and correct. I understand that the information contained in this application will be used to assess my qualifications for the position of Executive Director and hereby give my permission that any or all of the attached materials may be shared with individuals authorized to evaluate my credentials.

Signature of Applicant

Date