# 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 27, 2015** OR **b**) hand delivered to 203 S. Monroe St., Tallahassee, FL by 4:30 p.m. **February 27, 2015 OR c**) emailed to <a href="mailto:graham@fsba.org">graham@fsba.org</a> by 4:30 p.m. **February 27, 2015.** 

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

Check one:MrMsMrsDr 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)		
I. PRESENT EMPLOYER INFORMATION		
Present Employer*		
Present Employer*	ast employer here.	
	. ,	
Present Employer*	. ,	
Present Employer*	State	Zip
Present Employer*Indicate unemployed or retired, if applicable. Do not list paraddress	State of Position	Zip
Present Employer* Indicate unemployed or retired, if applicable. Do not list pa Address  Dity	State of Position Does your employer k	Zip Zip
Present Employer* Indicate unemployed or retired, if applicable. Do not list particular descriptions.  Address  City  Felephone Number  Length of Time in Current Position	State of Position Does your employer k are responsible \$	now of this application? (if applicable)

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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	
Service	Major Duties	Org Address	Unit	Leaving	

#### 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	Address	Major/	Dates Attended	Certificate/
Institution	of Institution	Minor	From To	Degree (Specify)

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 FSBA 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 <u>not</u> 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

**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 <u>each</u> 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

	ection XII. PERSONAL AFFIRMATION (Mark beside Yes or No; All questions must have a response.)  Iter 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?YesNo 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? YesNo 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? YesNo 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? YesNo
5.	Do you have any objections to your previous employers being contacted for reference purposes? YesNo [If yes, explain here]

6.	Are your currently the subject of any investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by any state agency? YesNo [If yes, explain here]
7.	Have you ever received a less than honorable discharge from any branch of the armed services? YesNo [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? YesNo [If yes, explain here]
9.	Are you the subject of a pending investigation involving a criminal act? YesNo [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 cou order whereby an adjudication or sentence was withheld or had an injunction requested or entered against you? YesNo  [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