

# Administrative Application Form

District #62-0063 Bridgeport Public Schools

Please return complete application to:  
Bridgeport Public Schools  
Attn: Superintendent's Office  
PO Box 430  
Bridgeport NE 69336  
Tel. #:(308) 262-1470 Fax #: (308) 262-0444



Application files must be complete to be considered for initial screening.  
Application information may be either mailed or faxed (followed with mailing the original hard copy) to the Superintendent.

Complete application files include the following:

\_\_\_\_ Letter of application \_\_\_\_ Complete transcripts of baccalaureate and graduate work  
\_\_\_\_ Resume \_\_\_\_ Professional credentials (prefer college confidential files)  
\_\_\_\_ Completed Application form (this form) \_\_\_\_ Copy of your certificate/license  
\_\_\_\_ Letters of recommendation (if desired)

Please complete this application in your own handwriting using blue or black ink.

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Present salary: \_\_\_\_\_ Present Position held: \_\_\_\_\_

When does your present contract expire? \_\_\_\_\_

Can you be released from your present contract? \_\_\_\_\_

Are you able to return to your present position? \_\_\_\_\_

If offered the position, would you be available July 1 of this year? \_\_\_\_\_

Name of Certificate(s) Held/Expiration Date: (1) \_\_\_\_\_ State: \_\_\_\_\_

Examples – Teaching (specific) (2) \_\_\_\_\_ State: \_\_\_\_\_

Building Level Administration (3) \_\_\_\_\_ State: \_\_\_\_\_

District Level Administrator (4) \_\_\_\_\_ State: \_\_\_\_\_

Highest Degree Earned	Date Awarded	Number of Graduate Hours completed beyond degree
BA/BS		
MA/MS		
Specialist/Ed.D. /PhD		

**EDUCATION:**

Degree Earned	Date Awarded	Years	Name of School	Location (City & State)
High School Diploma or G.E.D.				
College Degree				
College Degree				
Vocational Education				
Other				

List any additional training, inservice, or professional membership/organization in which you have recently participated.

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Grade Levels certified in Administration: \_\_\_\_\_

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**TEACHING/ADMINISTRATIVE EXPERIENCE: List chronologically please**

School/Agency	Location	Dates of Experience	Assignments	Supervisor

List individuals who will serve as references for you and have knowledge of your professional and personal skills. Three (3) of these must be professional references (for example, superintendent, immediate supervisor, or colleague). These references may be contacted.

	NAME	TITLE	ADDRESS	TELEPHONE #
PROFESSIONAL REFERENCE				
PROFESSIONAL REFERENCE				
PROFESSIONAL REFERENCE				
PROFESSIONAL REFERENCE				
PERSONAL REFERENCE				

**Please respond to the following:**

What interests, skills, hobbies, achievements, and/or experiences have you had that will be helpful to you as an administrator?

I believe my role as a principal to be...

A good school is measured by...

1. Have you ever been convicted of a crime, other than a minor traffic violation? YES \_\_\_ NO \_\_\_

2. Have you ever been convicted of a felony or a crime involving dishonesty, a controlled substance or a child? YES \_\_\_ NO \_\_\_

3. Have you ever entered into a criminal diversion agreement after being charged with any offense described in question #2? YES \_\_\_ NO \_\_\_

4. Are criminal charges pending against you in any state involving any of the offenses described in question #2? YES \_\_\_ NO \_\_\_

**If you answered YES to any of the questions listed above, please explain:**  
(Use additional paper if necessary.)

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#### **Applicant's Statement**

**These answers are true and complete to the best of my knowledge. The school may investigate all statements contained in this application and I understand that any false or misleading information provided during the application or interview process will result in the immediate discharge if I am hired, regardless of when discovered. I understand that this application is not a contract of employment. I also understand that if hired regardless of any oral representations to the contrary, the employee relationship between me and the school is Terminable-At-Will so that both the school and I remain free to choose or end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the school, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon school policy. I authorize the school to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this school against liability, which might result from making such investigation. A background check will be performed prior to hiring.

Additionally, I authorize the school to supply my employment record in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the school deems appropriate.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin or disability.

Revised 01/19/09