

Hillsboro Public School District

P.O. Box 579
Hillsboro ND 58045-0579
(701) 636-4360 / Fax (701) 636-4362

Your application file will be considered complete and available for consideration when the following information is received:

1. This Application
2. Resume & Cover Letter
3. Transcripts of College Credits
4. Letters of Recommendation
5. A Photocopy of your North Dakota Teaching License & Administrative Credential(s)

Elementary Principal Application

Name:

Home Address:

Cell Phone Number:

Work:

Email Address:

Present Position:

School District or Organization:

Licensure:

Do you hold a valid North Dakota Educator's Professional License? Yes No

License Number:

Issued:

Expires:

Major(s):

Endorsements:

Do you hold a valid North Dakota Administrative Credential? Yes No Have Applied

If Yes, complete the following:

Credential Number:

Level of Credential:

Issued:

Expires:

Professional Preparation: Please list both undergraduate and graduate degrees in chronological order.

Institution, Organization, Major/Minor, Degree, Date of Degree.

- 1.
- 2.
- 3.
- 4.

Employment History: Please list in reverse chronological order all full-time positions held.

Position, Organization, Date From/Date To, No. of Years, Enrollment, Salary

- 1.
- 2.
- 3.
- 4.

Are you currently under contract for 2024-2025? If so, where?

Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?

Have you ever resigned from a prior position without being asked but due to an investigation or lawsuit related to your employment?

Have you ever been charged with, plead guilty or no contest to, or been convicted of a crime?

Have you ever been placed on probation for any crime or has a court ever deferred a proceeding of which you were the subject without entering a finding of guilty?

If you answered yes to any of the above questions, please explain below, including the date of the incident, alleged offense, and, if applicable, charge, court action taken, and address of the court.

References: Please list names of three persons who are most familiar with your work and qualifications.

Name, Position, Address, Business Phone, Cell Phone

- 1.
- 2.
- 3.

Authorization:

I certify that all facts contained in the application are true and complete to the best of my knowledge and understand and agree that any misstatement will be grounds for disqualification or dismissal from employment by Hillsboro Public School District #9.

I authorize investigation of all statements contained herein and the references and the employers listed to give you any and all information concerning my previous employment and pertinent information they may have personal or otherwise. I authorize you to request a criminal history background check and consumer or investigator report. I release the Hillsboro Public School District #9 of any liability and any damages that may result from utilization of such information.

I understand that by providing information on this application that there is no contractual or implied agreement between myself and the Hillsboro Public School District #9.

Applicant Signature

Date

The Hillsboro Public School District #9 does not discriminate on the basis of race, color, national origin, sex, handicap, disability or age in its educational programs/activities and employment policies/practices.