



## APPLICATION - Superintendent of Schools

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**Directions:**

- Complete the application in full (typed).
- Application must be received **July 27, 2026.**
- Applications may be mailed or emailed. Faxes will not be accepted.
- All applications must be filled out completely. Do not state "see resume"; however, please attach your resume/CV.
- Applicants should enclose a statement as to why they desire this position expressing their educational philosophy, long-range goals, and outstanding accomplishments.
- **Please do not attach a dissertation or thesis.**
- If there is insufficient space for your answer, attach a sheet of paper with your name on it and indicate which number(s) you are continuing.
- The successful applicant must reside in Buncombe County.
- Please do not submit letters of reference or support with your application.
- At a later date you may be required to submit an enlarged photocopy of your driver's license, and an executed release form for a background check.

For additional information contact:

K. Dean Shatley, II  
 Campbell Shatley, PLLC  
 674 Merrimon Ave., Suite 210  
 Asheville, NC 28804  
[Dean@csedlaw.com](mailto:Dean@csedlaw.com)  
 (828) 378-0064

Mail or email this application and other materials to:

Superintendent Search  
 c/o Campbell Shatley, PLLC  
 674 Merrimon Ave., Suite 210  
 Asheville, NC 28804  
[applicant@csedlaw.com](mailto:applicant@csedlaw.com)  
 (828) 378-0064

**Note:** You must currently hold or be eligible for a valid North Carolina Superintendent's License OR you must have at least a bachelor's degree from a regionally accredited college or university and possess five years of leadership or managerial experience deemed relevant by the Board of Education.

### Personal Data

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|                          |      |       |               |            |             |      |     |
|--------------------------|------|-------|---------------|------------|-------------|------|-----|
| Name                     |      |       |               |            |             |      |     |
|                          | Last | First | Middle/Maiden | Dr.        | Mr.         | Mrs. | Ms. |
|                          |      |       |               |            | (check one) |      |     |
| Present (Home) Address   |      |       |               | Cell Phone |             |      |     |
| Email Address            |      |       |               |            |             |      |     |
| Present (Office) Address |      |       |               | Phone      |             |      |     |

Are you related by blood or marriage to any person now employed by Buncombe County Schools? *If yes, give name, where employed, and relationship.*

## Educational History

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Doctorate

Degree      Institution      Program      Date Received

Master's

Degree      Institution      Program      Date Received

Bachelor's

Degree      Institution      Program      Date Received

Certification(s)

List State and  
Licensure  
Areas

## Current Employment Data

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Present Employer:  
Address:

Telephone:

Position or Title:

Years in Position:      Is your employer aware of this application?      Yes      No

Are you currently under contract?      Yes      No      Contract Expiration:

Current Salary (Excl. fringe benefits):

Your school system's 2024-25 Annual Budget:

Number of Schools:

Student Enrollment (ADM):

Number of Employees:

Number of employees reporting directly to you:

What is the percentage of decline or increase in student enrollment during the past five years?

Have you had a Superintendent's contract renewed?      Yes If so,      No  
when, where, and size of school district:

Do you have, or are you qualified for, a North Carolina Superintendent's License?      Yes      No

Do you have any objections to your present or previous employers being contacted  
for reference purposes?      Yes      No      If yes, please explain:

**Previous Employment History** (Attach supplement or resumé, if necessary)

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List FULL-TIME experiences, both within and outside the field of education, beginning with most recent employment not included on prior page and continuing in reverse chronological order. Please attach additional page if necessary.

Position

Institution

Address

Telephone

Unit Size:

No. of Employees Supervised

Dates of Service

Reason for Leaving

Position

Institution

Address

Telephone

Unit Size:

No. of Employees Supervised

Dates of Service

Reason for Leaving

Position

Institution

Address

Telephone

Unit Size:

No. of Employees Supervised

Dates of Service

Reason for Leaving

**Community Involvement** (Attach supplement, if necessary.)

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Please give a brief listing of activities or other evidence of community participation.

**Professional Activities** (Attach supplement, if necessary.)

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Please list publications or research (including doctoral dissertation) projects.

Please list fellowships, scholarships, special studies, honors, etc.

## References

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Please provide a list of at least six individuals for your references, one of whom should be a recent employer or supervisor, one a leader in your community, and at least two educators who know of your work record. Do not list a relative. You will be notified prior to references being contacted. Please do not submit reference or recommendation letters with your application.

## Major Career Accomplishments (Attach supplement, if necessary.)

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## Additional Information

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If your answer is yes to questions 6-11, please attach an explanation.

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|----|---|------------|-----------|
| 1  | Do you object to submitting a pre-employment and subsequent physical examination?   | <b>Yes</b> | <b>No</b> |
| 2  | Do you have any objection to a request for your credit rating?  | <b>Yes</b> | <b>No</b> |
| 3  | Would you object to a visit to your community if you are among the finalists?   | <b>Yes</b> | <b>No</b> |
| 4  | Please list the name and address of your local community newspaper.   |            |           |
| 5  | When would you be available if this position were offered to you?   |            |           |
| 6  | Have you ever been convicted or charged with a violation of any federal, state, county, or municipal law, regulation, or ordinance, including Driving Under the Influence/Driving While Intoxicated Charge? (Disregard minor traffic violations.) | <b>Yes</b> | <b>No</b> |
| 7  | Have you ever been convicted or pleaded no contest to a criminal offense, other than a minor traffic violation?   | <b>Yes</b> | <b>No</b> |
| 8  | Have you ever been charged with a crime (other than a minor traffic violation) and the charges were dismissed or you were found "not guilty"?   | <b>Yes</b> | <b>No</b> |
| 9  | In regard to professional employment, have you ever been terminated, had your contract non-renewed, been asked to resign, resigned under threat of termination, or had your contract bought-out by your employer?                                 | <b>Yes</b> | <b>No</b> |
| 10 | Have you ever been suspended during your employment (with or without pay)?  | <b>Yes</b> | <b>No</b> |

- 11 Have you ever received a negative evaluation rating or been placed on an improvement/action plan while working for a school system? **Yes** **No**
- 12 Please list any aliases you have used in the past, including aliases used on social media.

**Additional Information** (Please include your responses as a Word or PDF attachment)

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Describe your experience or opinions concerning the following:

- Developing, implementing, overseeing and/or teaching career and technical and/or workforce training and development programs.
- Key components of an effective school-based or district-wide program or initiative to improve teaching and learning with a focus on growth in effective teaching skills and student academic achievement.

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I hereby expressly authorize the Buncombe County Board of Education, its agents, and employees to make any investigation of my personal, financial or employment history, expressly including, but not limited to federal and/or state, criminal, law enforcement or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body, or governmental agency to give to the Buncombe County Board of Education, its agents, or employees any information they may have regarding me. In consideration of the review of my employment application by the Buncombe County Board of Education, I hereby release Buncombe County Board of Education, its agents and employees, attorneys, Campbell Shatley, PLLC, and any and all providers of information to whom this is sent from any liability as a result of furnishing or receiving this information.

I certify that I have fully read this application and that all answers to questions herein are true and complete to the best of my knowledge. If I am chosen as a finalist, I authorize you to investigate all references (as provided) and to secure additional information, if necessary.

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**DATE**

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**SIGNATURE**

## **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Campbell Shatley, PLLC (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by Bchex, 9713 Northcross Center Court Suite 201, Huntersville, NC 28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

## AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize Campbell Shatley, PLLC, ("the Company") to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by Bchex additional third-party organizations acting on behalf of Organization, and/or Organization itself. I authorize Bchex, when necessary, to digitally sign any authorizations on my behalf to obtain requested background information. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization or my signature shall be as valid as the original.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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| <ul style="list-style-type: none"><li><input type="checkbox"/> Please check this box if you are a <b>Minnesota or Oklahoma</b> applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.</li><li><input type="checkbox"/> Please check this box if you are a <b>California</b> applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW</li></ul> |
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**Personal Identifying Information Needed For Background Check** – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

|                         |                     |                |                  |         |
|-------------------------|---------------------|----------------|------------------|---------|
| Last Name               |                     | First          | Middle           |         |
| Last Name               |                     | First          | Middle           |         |
| Last Name               |                     | First          | Middle           |         |
| Home Street Address     |                     |                | Apartment/Unit # |         |
| City                    |                     | State          | ZIP              |         |
| Phone                   |                     | E-mail Address |                  |         |
| Date of Birth           | Social Security No. |                | Gender           | Race    |
| Driver's License Number |                     | State Issued   |                  | Expires |