

**HUMPHREYS COUNTY SCHOOL DISTRICT
INTERIM SUPERINTENDENT (EMPLOYMENT OPPORTUNITY)**

The State Board of Education (SBE), through the Mississippi Department of Education (MDE) is seeking an Interim Superintendent to oversee the administration, management and operations for the Humphreys County School District. Humphreys County has been part of the Mississippi Achievement School District since April 2019. Pursuant to Miss. Code Ann. § 37-17-6.1, the Humphreys County School District will transition into an independent District of Transformation under the oversight of the SBE, MDE, and the Office of School and District Transformation.

The annual salary for this 12-month position is \$145,000-165,000 with benefits commensurate with experience.

The Interim Superintendent will serve as the Chief Executive Officer of the school district, providing visionary leadership to ensure the success of all students. Responsibilities include implementing and managing policies of the district, overseeing the development and execution of academic programs, and managing district operations, including budgeting, personnel, and facilities. The Interim Superintendent fosters strong relationships with stakeholders, including students, staff, parents, and the community, to promote collaboration and transparency. Additionally, the Interim Superintendent ensures compliance with state and federal education regulations and leads efforts to achieve the district's mission, vision, and strategic goals. This role requires a dynamic leader with a proven track record of driving educational excellence and operational efficiency.

Job responsibilities and functions include, but are not limited to:

- Providing strategic leadership to guide the district in achieving its mission, vision, and goals.
- Overseeing the development, implementation, and evaluation of academic programs to improve student achievement.
- Developing partnerships with civic/community organizations, business/industry, government entities, and other stakeholders.
- Utilizing their experience in school budget review, planning, forecasting, and implementation/evaluation.
- Developing and managing the district's budget to ensure fiscal responsibility and alignment with educational priorities.
- Ensuring adherence to state and federal regulations, as well as local policies and procedures.
- Recruiting, hiring, supporting, and evaluating district leadership and staff to build a high-performing team.
- Utilizing their experience in providing innovation and creating initiatives or solutions for students with disabilities.
- Analyzing data to inform decisions and strategies that improve student outcomes and operational efficiency
- Conducting needs assessments; long- and short-range planning; ensuring policy oversight; overseeing personnel processes; staff assignments; and providing supervision of work and staff.
- Maintaining buildings and facilities to provide programs that promote safety, maximize educational utility, and comply with governmental regulations.
- Communicating effectively with a variety of stakeholders using strong interpersonal skills.

- Serving as the district's primary spokesperson, effectively communicating with internal and external stakeholders.
- Leading the district in effectively managing emergencies and ensuring the safety and security of students and staff.
- Ensuring the coordination and monitoring of services provided by internal and external providers, and MDE support staff.
- Reporting regularly to the Chief of School and District Transformation and/or the State Board of Education, when requested.

Minimum Experience/ Educational Requirements:

- Master's degree from an accredited four-year college or university; AND
- Five (5) years of experience in Educational Administration; AND
- Valid class "AA" Mississippi certification/license in School Administration (486); AND
- Superintendent qualifications as referenced in Miss. Code Ann. § 37-9-13.

To apply for the Interim Superintendent position, please submit the following items as **ONE (1) PDF file in the order listed below** to the following email address: hcsuperintendentsearch2025@mdek12.org.

1. letter of interest
2. employment application
3. three (3) signed letters of recommendation
4. curriculum vitae/resume

Deadline: Friday, February 28th, 2025 @ 11:59p CST

Application for the Superintendent for the Humphreys County School District



**Please see the official job posting
for the list of documents needed to
complete your application packet.**

For Staff/Official Use Only

Received: _____

-TYPE OR PRINT IN BLACK INK-

PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> LETTER	
EMAIL ADDRESS		

EDUCATION

WHAT IS YOUR <u>HIGHEST</u> LEVEL OF EDUCATION?
<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Technical College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Specialist's Degree

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES NO	SEMESTER QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

WORK HISTORY

DATES From _____ To _____	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

DATES From _____ To _____	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE		
PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK	SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES		

MILITARY INFORMATION

1. ARE YOU A VETERAN OF THE ARMED FORCES? YES NO
(IF YOU INDICATED "YES" YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)
2. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? YES NO

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi Department of Education. I know that any misrepresentation herein may lead to rejection of my application. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X _____
SIGNATURE OF APPLICANT

DATE