

**MISSISSIPPI SCHOOLS FOR THE DEAF AND THE BLIND (MSDB)  
SUPERINTENDENT (EMPLOYMENT OPPORTUNITY)**

The Mississippi Department of Education is seeking a Superintendent to oversee all operations, functions, and activities at the Mississippi Schools for the Deaf and the Blind (MSDB). MSDB is a residential school located in Jackson, Mississippi. The annual salary for this 12-month position is \$100,000-\$115,000 with benefits, commensurate with experience.

Duties and responsibilities include exhibiting strong leadership for the development of policies and procedures for effective and efficient operation of specialized programs for students with visual and hearing impairments; providing direction for financial, personnel, academic, admissions, and student services matters; serving as a public relations liaison between the school, family, external and government agencies; and coordinating all aspects of school operations including both academic and residential programs.

**The Superintendent should possess the following:**

- Experience developing partners partnerships with civic/community organizations, business/industry, government entities, and other stakeholders.
- Experience in school budget review, planning, forecasting, and implementation/evaluation.
- Evidence of innovation and /or creative initiatives or solutions for students with disabilities.
- Experience in conducting needs assessments; long- and short-range planning; policy oversight; personnel processes; staff assignments; and supervision of work and staff.
- Experience maintaining buildings and facilities to provide programs that promote safety, maximize educational utility, and comply with governmental regulations.
- Strong interpersonal skills and ability to communicate effectively with a variety of stakeholders.
- Advanced degree, doctorate preferred, in educational leadership or a related field.

**Minimum Experience/ Educational Requirements:**

- Master's degree from an accredited four-year college or university in Education; AND
- Five (5) years of experience in Educational Administration; AND
- Valid class "AA" Mississippi certification/license in School Administration (486) and a Special Education (221) endorsement; AND
- Superintendent requirements as referenced in Miss. Code Ann. §37-9-13.

To apply for the Superintendent position, please submit the following items as **ONE (1) PDF file in the order listed below** to [msdbsuperintendentsearch2024@mdek12.org](mailto:msdbsuperintendentsearch2024@mdek12.org):

1. letter of interest
2. employment application (located at [www.mdek12.org/OAE](http://www.mdek12.org/OAE))
3. three (3) signed letters of recommendation
4. curriculum vitae

**Deadline: Monday, April 8, 2024 @ 11:59p CST**

# Application for the Superintendent of the Mississippi Schools for the Deaf and the Blind (MSDB)



**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 HIGHEST LEVEL OF EDUCATION?

- ☐ Associate's Degree  
☐ Technical College

☐ Master's Degree  
☐ Bachelor's Degree

☐ Doctorate Degree  
☐ Specialist's Degree

## COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	SEMESTER <input type="checkbox"/> QUARTER <input type="checkbox"/> # 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

Professional License Information		
Type	Date Issued (Month/Year)	Expiration Date (Month/Year)
License Number	Issuing Agency	Specialization

WORK HISTORY	
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DATES		EMPLOYER	POSITION TITLE
From	To		

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

EMPLOYMENT HISTORY		
DATES	EMPLOYER	POSITION TITLE
From To		

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

DUTIES
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**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