



IOWA HIGH SCHOOL ATHLETIC ASSOCIATION

P.O. BOX 10 • BOONE, IA 50036-0010 • (515) 432-2011 • FAX (515) 432-2961 • www.iahsaa.org

ALAN BESTE, Executive Director • BRETT NANNINGA, Associate Director

TODD THARP, Assistant Director • CHAD ELBERRY, Assistant Director • JARED CHIZEK, Assistant Director

IOWA HIGH SCHOOL ATHLETIC ASSOCIATION EXECUTIVE DIRECTOR APPLICATION

A. APPLICATION INSTRUCTIONS:

In order to be considered for this position, your application materials **must** include and be presented in the following order (**please do not staple, bind, or fold your application materials; please send all documents on letter size paper and printed on one side only**):

- a. letter of application
- b. resumé
- c. completed application form (including signatures)
- d. written response to the three narrative questions (Part H)
- e. a maximum of four recent letters of recommendation regarding your professional work (preferably at least two from your current employer)
- f. photocopy of college/university transcripts
- g. executed Authorization for Release of Information.

Deadline for submission of application and supporting documentation is November 30, 2018.

Applicants, and/or their designees, are asked not to contact members of the Board of Control regarding the search process.

All application materials should be returned to:

Alan Beste, Executive Director
Iowa High School Athletic Association
PO Box 10
Boone, IA 50036-0010
Telephone 515-432-2011
Email abeste@iahsaa.org

PLEASE NOTE: THE IHSAA DOES NOT DISCRIMINATE BASED ON GENDER, GENDER IDENTITY, RACE, NATIONAL ORIGIN, RELIGION, CREED, AGE, MARITAL STATUS, SEXUAL ORIENTATION, OR DISABILITY.

B. PERSONAL INFORMATION: Please respond to each item.

(Last Name)	(First Name)	(Middle Initial)
Home Address		
Work Address		
(Home Phone)	(Work Phone)	(Cell Phone)
(Email Address)		

C. EDUCATIONAL BACKGROUND: Please list the colleges or universities you have attended, and the degrees received. List them in order, beginning with the most recent.

Name/Location of Institution	Year(s)	Degree	Major

D. EMPLOYMENT HISTORY: Please list your employment history in chronological order, beginning with the most recent.

Position	Employer	City and State	Specific Years Employed	Name and address of Immediate Supervisor

May we contact your current employer? ___ Yes ___ No

Please explain gaps in employment—if any.

E. OTHER RELEVANT EXPERIENCE:

F. REFERENCES: Please list four individuals who are very familiar with your professional work and who may be contacted.

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

Name of Individual	
Official Position	
Business Phone	
Home Phone	
Email Address	

G. HONORS AND DISTINCTIONS: Please list degrees, honors, commendations, elective or appointive offices held, or other distinctions received.

--

H. NARRATIVE RESPONSE: On a separate sheet of paper for each question (maximum of 350 words for each question), please respond to each of the following questions:

1. What are your qualifications for the position of executive director of the IHSAA?
2. What are two of your most important professional accomplishments thus far in your career as an organizational leader? How will these accomplishments qualify you for this position?
3. In assessing your administrative style, what do you consider your strengths? Your weaknesses?

I. BACKGROUND INFORMATION: If you answer “yes” to any of the following questions, please attach a written response describing, in detail, an explanation of the circumstances involved.

1. Have you ever been convicted of a violation of law other than a minor traffic violation? (The term “conviction” includes any conviction, a guilty plea, a plea of nolo contendere or no contest, a suspended sentence, a deferred sentence, a deferred judgment, or a finding of guilt by a jury or judge.)
_____ yes _____ no
2. Have you ever been terminated or discharged, or resigned at the request of your employer?
_____ yes _____ no
3. In connection with your professional responsibilities, have you ever been the subject of a complaint or been disciplined by a court or a licensing board of any state?
_____ yes _____ no
4. Are you currently under investigation, by any regulatory body, for any alleged misconduct or other alleged grounds for discipline?
_____ yes _____ no

J. CERTIFICATION: Please read carefully, then sign and date if you agree to the terms.

I hereby certify under penalty of perjury that the statements made by me in this application and all related information which I have provided are true, my own work product, accurate, and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the IHSAA discovers the violation of its policy regarding application form dishonesty.

Signature of Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I acknowledge that the position of executive director is a position of professional trust and I specifically authorize the Board of Control, or its agents, with respect to this application, to contact my references, to investigate my background, and to make such other inquiries as the Board of Control in its discretion deems relevant to assess my qualifications for the position of executive director.

I authorize former or current employers, my references or any other person contacted by the Board of Control or its agents in investigating the merits of my application, to disclose personnel records and appraisals of my performance or any information about my qualifications for the position of executive director, and release them from any liability for such disclosure.

I further understand that as a condition of employment with the IHSAA, the Association may conduct a check of my criminal background. I agree to sign a Criminal Background Check Waiver authorizing the Association to obtain a check of my criminal history, and I further agree to provide all information necessary to obtain this criminal background check.

Signature of Applicant

Date