HOLMES COUNTY CONSOLIDATED 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 Holmes County Consolidated School District.

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.
- Five (5) years of experience in Educational Administration.
- Valid class "AA" Mississippi certification/license in School Administration (486).
- 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: Monday, March 16, 2026 @ 11:59p CST

359 North West Street | Jackson, MS | 39205-0771 | Hinds County | mdek12.org
Mississippi Department of Education is an Equal Opportunity Employer

Page 2

STATE OF MISSISSIPPI APPLICATION

	Return Completed Application to: **Mississippi State Personnel Board** 210 East Capitol Street, Suite 800 Jackson, MS 39201 www.mspb.ms.gov	**For Staff/Official Use Only** **Received:** _____

Important! Please Read Before you begin the application process:
Applicants must complete and attach the "Supplemental Questions" page when applicable. This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

-TYPE OR PRINT IN BLACK INK-

JOB INFORMATION

POSITION #:	POSITION TITLE:

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? ☐ EMAIL OR ☐ PAPER

EMAIL ADDRESS

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:
☐ Some High School   ☐ Some College   ☐ Associate's Degree   ☐ Master's Degree   ☐ Doctorate Degree
☐ High School   ☐ Technical College   ☐ Bachelor's Degree   ☐ Specialist's Degree

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? YES ☐   NO ☐

IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED?   7 ☐   8☐   9☐   10☐   11☐   12☐

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 ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

SCHOOL NAME	DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES ☐ NO ☐	☐ SEMESTER ☐ QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)	MAJOR	

Rev 2/2012

CERTIFICATES & LICENSES

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

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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 ☐ NO ☐

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 ☐ NO ☐

DUTIES

2

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 ☐ NO ☐
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 ☐ NO ☐
DUTIES 		

Rev 3/2012

AGENCY WIDE QUESTIONS

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF MS?   YES ☐   NO ☐

2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)

_____   _____
                (AGENCY NAME)   (CURRENT JOB TITLE)

3. HAVE YOU BEEN SEPRATED WITHIN THE LAST 12 MONTHS FROM THE STATE OF MS DUE TO A REDUCTION IN FORCE (RIF)? YES ☐   NO ☐

4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF YOUR RIF SEPARATION. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)

_____   _____   _____
          (AGENCY NAME)   (PREVIOUS JOB TITLE)   (DATE OF RIF)

5. 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.*)

6. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? ☐ YES   ☐ NO

7. ARE YOU AN ADULT MALE BORN ON OR AFTER JANUARY 1, 1960 WHO REGISTERED FOR SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 25?
   ☐ YES   ☐ NO

TO MEET THE REQUIREMENTS OF FEDERAL REGULATIONS, MSPB NEEDS TO COLLECT INFORMATION ON THE QUESTIONS BELOW FOR REPORTING PURPOSES ONLY. THIS INFORMATION <u>WILL NOT</u> BE USED FOR MAKING EMPLOYMENT DECISIONS. (OPTIONAL)

8. INDICATE YOUR RACE	9. INDICATE YOUR GENDER	10. AGE GROUP:
☐ AMERICAN INDIAN	☐ MALE	☐ UNDER 18
☐ WHITE	☐ FEMALE	☐ 18-25
☐ HISPANIC		☐ 26-39
☐ BLACK		☐ 40-54
☐ ASIAN		☐ 55-69
☐ Other		☐ 70+

ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

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 State Personnel Board and any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from state service. 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

Rev 3/2012

SUPPLEMENTAL QUESTIONS

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ADDITIONAL WORK HISTORY

JOB INFORMATION	
JOB NUMBER:	POSITION TITLE:

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 ☐ NO ☐	DATES ATTENDED
SCHOOL LOCATION (CITY/STATE)	MAJOR	

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LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

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LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
ADDRESS	CITY	STATE
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐
DUTIES		

5