

**BRAINTREE PUBLIC SCHOOL DISTRICT  
BRAINTREE, MASSACHUSETTS**

AN EQUAL OPPORTUNITY EMPLOYER

**APPLICATION FOR SUPERINTENDENT**

**Personal Information:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Office Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

city state zip

Email Address \_\_\_\_\_

How may we contact you?  at work  at home  by e-mail  by cell phone

**Certifications Held**

Certification	State
_____	_____
_____	_____
_____	_____

Are you licensed as a superintendent in Massachusetts?  YES  NO

Are you eligible for licensure as a superintendent in Massachusetts?  YES  NO

If not, have you submitted an application for certification as a superintendent in Massachusetts?  YES  NO

Date of application: \_\_\_\_\_

**Current School District Information:**

Are you presently under contract to a school district? \_\_\_\_\_

If yes, when does your contract expire? \_\_\_\_\_

Name of District \_\_\_\_\_

Position \_\_\_\_\_

**Academic and Professional Training:**

High School(s), Colleges, Universities Attended

Location

Degree

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**Professional Experience:**

No. Years

Dates From/To

Position

School District

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**Other Relevant Work Experience and Achievements:**

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**Memberships in Professional Organizations:**

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**References:**

Please list below the names and addresses of three persons who have knowledge of your professional competence and character, whom we may contact should you become a finalist.

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**Release of information:**

Please check one box:

Upon request from the media, I  do  do not give permission to the school committee to release my resumé.

A complete application form includes the following:

- \_\_\_\_\_ 1. A completed and signed application form.
- \_\_\_\_\_ 2. An up-to-date resume.
- \_\_\_\_\_ 3. A copy of the candidate's Massachusetts superintendent license, or evidence that the candidate is eligible for licensure as a superintendent in Massachusetts and has submitted his/her application to the Department of Education.
- \_\_\_\_\_ 4. Evidence of highest degree earned (copy of diploma, license and/or certificate).
- \_\_\_\_\_ 5. Three recent letters of reference (within the past three years preferred) from persons **other than those listed on the previous page.**
- \_\_\_\_\_ 6. The Committee requests a personal statement describing your major educational accomplishments and the specific leadership and management skills you can bring to the superintendency of the Braintree Public School District.

All application documents listed above must be received in the MASC office on or before **November 15, 2024** at 3:00pm.

**Please note: MASC does not maintain an applicant file for use in future searches.  
A new application and application materials listed are required for each search.**

I understand that, under the requirements of the Massachusetts Open Meeting Law, should I become a finalist, certain facts of my application will become public information and that the school committee may request a copy of my transcripts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send all information to:      **Braintree Public Schools Search**  
   c/o Glenn Koocher  
   MASC  
   One McKinley Square  
   Boston, Massachusetts 02109  
   Telephone: (617) 523 – 8454; (800) 392 – 6023  
   FAX: (617) 702 – 4111

Email all information to Ann-marie Martin: [amartin@masc.org](mailto:amartin@masc.org)

For further information please contact Glenn Koocher at [glkoocher@masc.org](mailto:glkoocher@masc.org) (617-733-0497)  
Please do not contact school committee members or members of the school administration.