

NAUSET PUBLIC SCHOOL DISTRICT
BREWSTER, EASTHAM, ORLEANS, AND WELLFLEET, 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

Professional Experience:

No. Years

Dates From/To

Position

School District

Other Relevant Work Experience and Achievements:

Memberships in Professional Organizations:

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.

