PROVINCETOWN IB WORLD SCHOOL PUBLIC SCHOOL DISTRICT PROVINCETOWN, 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 cell phone | |
| Certifications Held | | | | |
| Certification | | | State | |
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| Are you licensed as a superi | ntendent in Massac | chusetts? YES NO | | |
| Are you eligible for licensure | e as a superintende | ent in Massachusetts? | YES \(\sigma \) NO | |
| , | • • | or certification as a superint | endent in Massachusetts? 🗌 YES 🔲 NO | |
| | | | | |
| Current School District Ir | nformation: | | | |
| Are you presently under con | tract to a school di | istrict? | | |
| If yes, when does your contr | act expire? | | | |
| Name of District | | | | |
| Position | | | | |

| Academic and Professional Training: | | | | | |
|-------------------------------------|-------------------------------|------------------|-----------|-----------------|--|
| High School(s) | , Colleges, Universities Atte | ended | Location | Degree | |
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| Professional | Experience: | | | | |
| No. Years | Dates From/To | Position | | School District | |
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| Other Relev | ant Work Experience a | and Achievements | 6: | | |
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| Memberships in Professional Organizations: | | | | | |
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| References: | | | | | |
| | addresses of three persons who have knowledge of your professional m we may contact should you become a finalist. | | | | |
| Name | Address | | | | |
| Relationship | Phone Number | | | | |
| Name | Address | | | | |
| Relationship | Phone Number | | | | |
| Name | Address | | | | |
| | Phone Number | | | | |
| Release of information: Please check one box: | | | | | |
| | \Box do \Box do not give permission to the school committee to release my resun | né. | | | |

| A complete a | pplication form includes the following: | | | | | | |
|-----------------|---|------|--|--|--|--|--|
| 1. | A completed and signed application form. | | | | | | |
| 2. | An up-to-date resume. | | | | | | |
| 3. | 3. A copy of the candidate's Massachusetts superintendent license, or evidence that the candidate is eligil licensure as a superintendent in Massachusetts and has submitted his/her application to the Departmer Education. | | | | | | |
| 4. | Evidence of highest degree earned (copy of diploma, license and/or certificate). | | | | | | |
| 5. | hree recent letters of reference (within the past three years preferred) from persons other than those listed n 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 Provincetown IB World Public School District. | | | | | | |
| All application | n documents listed above must be received in the MASC office on or before December 31, 2024 at 3:0 | 0pm. | | | | | |
| | MASC does not maintain an applicant file for use in future searches. ation and application materials listed are required for each search. | | | | | | |
| | hat, under the requirements of the Massachusetts Open Meeting Law, should I become a finalist, certain tion will become public information and that the school committee may request a copy of my transcript | | | | | | |
| Signature | Date | | | | | | |
| Send all infor | mation to: Provincetown IB World Public Schools Search c/o Glenn Koocher MASC One McKinley Square Boston, Massachusetts 02109 Telephone: (617) 523 – 8454 FAX: (617) 702 – 4111 | | | | | | |
| Email all info | rmation to Ann-marie Martin: amartin@masc.org | | | | | | |

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