

**GREENFIELD PUBLIC SCHOOL DISTRICT
GREENFIELD, MASSACHUSETTS**

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR INTERIM 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 _____

Professional Experience:

No. Years	Dates From/To	Position	School District

Other Relevant Work Experience and Achievements:

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.

All application documents listed above must be received on or before **June 9, 2025** 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 _____

Email all information to: Liz Lafond: llafond@masc.org

For further information please contact Liz Lafond at llafond@masc.org (413-250-1506)

Please do not contact school committee members or members of the school administration.