MONOMOY REGIONAL SCHOOL DISTRICT CHATHAM, 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 superior | ntendent in Massac | chusetts? YES NO | |
| Are you eligible for licensure | e as a superintende | nt in Massachusetts? | YES NO |
| • | • • | • | endent in Massachusetts? ☐ YES ☐ NO |
| Date of application: | | | |
| Current School District In | formation: | | |
| Are you presently under con | tract to a school di | strict? | |
| If yes, when does your contra | act expire? | | |
| Name of District | | | |
| Position | | | |

| Academic a | nd Professional Trainin | g: | | | |
|----------------|-------------------------------|------------------|-----------|-----------------|--|
| 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 Profession | al Organizations: |
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| References: | |
| Please list below the names and character, whom we may contact | addresses of three persons who have knowledge of your professional competence and 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: | |
| Upon request from the media, I | \square do \square do not give permission to the school committee to release my resumé. |

| | 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 liste 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 Monomoy Regional School District. |
| All application | ion documents listed above must be received in the MASC office on or before November 21, 2025 at 3:00pm |
| | MASC does not maintain an applicant file for use in future searches. ication and application materials listed are required for each search. |
| | If that, under the requirements of the Massachusetts Open Meeting Law, should I become a finalist, certain factoriation will become public information and that the school committee may request a copy of my transcripts. |
| | |
| Signature | Date |

Email all information to Ann-marie Martin: amartin@masc.org

For further information please contact Sean Costello at scostello@masc.org (781-799-1817) Please do not contact school committee members or members of the school administration.