

GILL-MONTAGUE REGIONAL SCHOOL DISTRICT
TURNERS FALLS, 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.

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 Gill-Montague Regional School District.

All application documents listed above must be received in the MASC office on or before **January 16, 2026** 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: **Gill-Montague Regional School District Search**
c/o Tracy Novick
MASC
One McKinley Square
Boston, Massachusetts 02109
Telephone: (617) 523 – 8454
FAX: (617) 702 – 4111

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

For further information please contact Tracy Novick at tnovick@masc.org (508-579-5472)
Please do not contact school committee members or members of the school administration.