

**SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT  
SHEFFIELD, 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

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**Professional Experience:**

No. Years

Dates From/To

Position

School District

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**Other Relevant Work Experience and Achievements:**

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**Memberships in Professional Organizations:**

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**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.

