LITTLETON PUBLIC SCHOOL DISTRICT
LITTLETON, 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:

_____

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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.

A complete application form includes the following:

_____ 1. A completed cover letter 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 Littleton Public School District.

All application documents listed above must be received in the MASC office on or before **February 27, 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: **Littleton Public Schools Search**
c/o Alicia Mallon
MASC
One McKinley Square
Boston, Massachusetts 02109
Telephone: (617) 523 – 8454
FAX: (617) 702 – 4111

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

For further information please contact Alicia Mallon at amallon@masc.org (978-729-1117)
Please do not contact school committee members or members of the school administration.