APPLICATION FOR SUPERINTENDENT OF SCHOOLS



Name:					Date	e:	
Last	First		Middle				
Address:				E-ma	il:		
Street	City	Sta	nte Zip				
Phone:					Fax #	! :	
Home	Business		Cell				
Present Position:			S	chool l	District:		
Student Enrollment:			N	umbei	r of Certified/0	Classified Staf	f:
Annual Budget:	Present Salary:						
EDUCATIONAL RECORD							
Name & Location of Institu	ution Atten	ded	Year(s)		Degree	Major(s)	Minor(s)
Certifications/Licensure type	Level	Certific	ation/Endorse	ment	Issue Date	Expiration Date	State

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	L MEMBERSHIPS/RECENT CON responsibilities relevant to Superintendent		
ndicate leadership i	responsionnes relevant to superintendent	position.)	
EXPERIENCE			
	cal order beginning with the next most		
Dates	Position/Institution/Location	Supervisor's Name & Title	Supervisor's Phon
To:			(Business)
From:			(Home)
Reason for leaving	 (please be specific):		District Enrollment:
То:			(Business)
From:			(Home)
Reason for leaving	 (please be specific):		District Enrollment:
To:		T	(Business)

From:

To:

From:

Reason for leaving (please be specific):

Reason for leaving (please be specific):

(Home)

(Business)

(Home)

District Enrollment:

District Enrollment:

REFERENCES

(Names of four persons who can discuss your experience and qualifications in detail.)

Name	Official Position	Phone Number		
		Business		
		Ноте		
		Cell		
		Business		
		Ноте		
		Cell		
		Business		
		Ноте		
		Cell		
		Business		
		Ноте		
		Cell		

AGREEMENT

I authorize Everett Public Schools to make an investigation of my personal, educational, financial, vocational, or employment history. I authorize any former employer, firm, corporation, educational or vocational institution or government agency to provide the Everett Public Schools with any information they have regarding me. I hereby release and discharge Everett Public Schools and all of those who provide information from any and all liability as a result of furnishing and receiving this information.

By my signature, I hereby affirm that, all answers to the questions in the application are true and complete. I agree that if I have provided false, misleading or incomplete information, Everett Public Schools may, at its sole discretion, terminate my employment. If such action is taken by the District, I agree that any employment contract or employment relationship deemed to exist shall be void from its inception.

Federal and state criminal history background checks will be required of candidates. Any offer of employment is conditional and subject to the acceptable outcome of a criminal history and sexual misconduct background check

Everett Public Schools complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, creed, color, national origin, sex, sexual orientation, marital status, age, veteran status, or disability. This holds true for all district employment and opportunities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district's Affirmative Action Officer, Carol Stolz; Title IX Officer, Randi Seaberg; ADA District Coordinator, Kris McDowell or Section 504 Coordinator, Becky Ballbach, 3715 Oakes Avenue, Everett, WA 98201.

SIGNATURE	
SIGNATURE	DATE