



Application Information Form

Advertised Position: Superintendent

District: Scott Valley Unified School District **County:** Siskiyou County

Please TYPE this form in its entirety.

A formal letter of application, a complete résumé, placement papers and/or five (5) **current** letters of reference are required.

Name: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____ (cell): _____

Type of current organization/district (K-6, K-12, etc.) _____ Annual Budget: _____

What is the ethnic composition of the students in your current district? _____

Record of Professional Experience (Start with most recent experience)

District: _____ District Enrollment: _____

Title: _____ Years Served (mo./yr.): from: _____ to: _____ Salary: _____

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Record of Professional Education (Verification of degree(s) may be required)

Institution: _____ Dates: _____ Major: _____ Degree(s): _____

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References we may contact confidentially.

Give names, titles and telephone numbers of at least three people who have supervised you (current and former positions).

Name: _____ Title: _____ Phone (hm): _____ (wk): _____

Name: _____ Title: _____ Phone (hm): _____ (wk): _____

Name: _____ Title: _____ Phone (hm): _____ (wk): _____

List the California administrative credential(s) you currently hold. _____

Do you object to the adviser contacting references other than those listed herein and in your confidential papers? Yes No

SPECIAL NOTES (Limit comments to space provided.)

Please comment on the most significant contributions you feel you have made in an administrative position.

What are your most important qualifications that especially equip you to perform as a superintendent?

I certify that the information provided herein is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

For mailing instructions, refer to the brochure or go to www.csba.org/es