



# Application Information Form

**Advertised Position:**  Superintendent  Assistant Superintendent  Other \_\_\_\_\_

**District** Stockton Unified School District **County** San Joaquin

**Please TYPE this form in its entirety.**

A formal letter of application, a complete résumé, placement papers and/or 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:** \_\_\_\_\_

**District:** \_\_\_\_\_ **District Enrollment:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Years Served (mo./yr.):** from: \_\_\_\_\_ to: \_\_\_\_\_ **Salary:** \_\_\_\_\_

**District:** \_\_\_\_\_ **District Enrollment:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Years Served (mo./yr.):** from: \_\_\_\_\_ to: \_\_\_\_\_ **Salary:** \_\_\_\_\_

**District:** \_\_\_\_\_ **District Enrollment:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Years Served (mo./yr.):** from: \_\_\_\_\_ to: \_\_\_\_\_ **Salary:** \_\_\_\_\_

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

**Institution:** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Degree(s):** \_\_\_\_\_

**Institution:** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Degree(s):** \_\_\_\_\_

**Institution:** \_\_\_\_\_ **Dates:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Degree(s):** \_\_\_\_\_

**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](http://www.csba.org/es)