



Please send this completed form to the address in the search brochure.

Personal Information Form

Date _____

TO BE CONSIDERED AS AN APPLICANT THIS SHEET MUST BE COMPLETED IN FULL

I am applying for the position of superintendent of _____
(School District Name and No.)

Name _____

Address _____
Street City State Zip

Telephone: Home (_____) _____ Office (_____) _____

Cell: (_____) _____ E-mail: _____

Current Position _____

Type of District K-8 K-12 9-12 _____ Student Enrollment _____

Annual Budget _____ Number of Professional Staff _____
(for your area of responsibility)

Location _____ Population _____
(City and State—Area of state and/or closest large city)

Educational Preparation—Beginning with the B.A.

Degree	Year Received	School	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Educational Experiences to Date of Application (include current position)

From/To	Position	Institution/Location	Student Enrollment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize the Illinois Association of School Boards and its client school district to request any information from any person regarding my present and former employment and agree to hold harmless all parties requesting or responding to such inquiry.

I certify that the information given is true to the best of my knowledge.

 Signature