

Personal Information Form — INTERIM SUPERINTENDENT

Date _____

Name _____

Mailing Address _____

Telephone: Cell (_____) _____ Home (_____) _____

E-mail Address _____

Educational Preparation—(Earned degrees only)

Degree Earned	Name of Institution	Field of Study	Year Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Educational Experiences (beginning with most recent or current position)

Employment Dates	Position	Employer/Institution/Location (City, State)	Enrollment in Area of Responsibility
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Interim Preference/Availability:

1. Type of District: Elementary Secondary Unit
2. Size of District (Number of Students): _____
3. Geographical Preference (List Counties): _____

4. Comments: _____

Send completed form, proof of qualification/license to be a superintendent in the state of Illinois and current resume by mail or email.

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

_____ Signature