

Personal Information Form - INTERIM SUPERINTENDENT

Date _____

Name _____

Mailing Address _____

Phone (____) _____

Email Address _____

Educational Preparation (Earned degrees only)

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

Educational Experience (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 the information is true to the best of my knowledge. _____

Signature