

**SOUTHEASTERN REGIONAL SCHOOL DISTRICT
SOUTH EASTON, MASSACHUSETTS**

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR SUPERINTENDENT

Personal Information:

Name _____ Home Phone _____

Address _____ Office Phone _____

_____ Cell Phone _____
City State Zip

Email address _____

How may we contact you? at work at home by cell phone by email

Licenses/Certifications Held

License Name/Certification No. State

License Name/Certification No.	State

Are you licensed as a superintendent in Massachusetts? YES NO

Are you eligible for licensure as a superintendent in Massachusetts? YES NO

If not, have you submitted an application for license as a superintendent in Massachusetts?

YES NO Date of application: _____

Current School District Information:

Are you presently under contract to a school district? _____

If yes, when does your contract expire? _____

Name of District _____

Academic and Professional Training:

High School(s), Colleges, Universities Attended	Location	Degree	Year

Professional Experience:

No. Years	Dates From/To	Position	School District

Other Relevant Work Experience and Achievements:

Memberships in Professional Organizations:

References:

Please list below the names and addresses of three persons who have knowledge of your professional competence and character, whom we may contact should you become a finalist.

Name _____ .Address _____

Relationship _____

Name _____ .Address _____

Relationship _____

Name _____ .Address _____

Relationship _____

A complete application form includes the following:

1. A completed and signed application form.
2. An up-to-date resume.
3. A copy of the candidate's Massachusetts superintendent license, or evidence that the candidate is eligible for licensure as a superintendent in Massachusetts and has submitted his/her application to the Department of Elementary & Secondary Education.
4. Evidence of highest degree earned (copy of diploma, license and/or certificate).
5. Three recent letters of reference (within the past three years preferred) from persons other than those listed on the previous page.
6. A personal statement describing your major accomplishments, management skills, and educational leadership experience that you will bring to the Southeastern Regional Vocational Technical School District superintendency.
7. A statement that describes up to three recent innovations in your district or institution, your involvement, and analysis of their successes or failures (2 pages maximum).
8. Your personal vision statement and thoughts on developing an equitable and culturally diverse school system that supports our workforce and creates additional opportunities for our graduates over the next ten years (2 pages maximum).

All application documents listed above must be received on or before 4 p.m. EDT on **February 11, 2022**. The new superintendent will be selected on/about April 12, 2022 with a start date of **July 1, 2022**.

I understand that, under the requirements of the Massachusetts Open Meeting Law, certain facts of my application will become public information and that the school committee may request a copy of my transcripts.

Signature _____ Date _____

Send all information to:

Southeastern Regional School District Search
c/o Deborah Cabral
Southeastern Regional
250 Foundry Street
South Easton, Massachusetts 02375

Telephone: (508) 230-1215
FAX: (508) 230-1215
Email: dcabral@sersd.org

Please do not contact School Committee members or members of the school administration.