

Colton School District

Application for the Position of Superintendent

This application form will be used as a working document by the screening committee. Complete the entire form. If there is insufficient space for an answer, attach an additional page with your name and the answer you are continuing. Please print or type your responses.

PERSONAL INFORMATION:

Last Name: First: Middle:

Home Address:

Home Phone: Fax: Email:

PRESENT EMPLOYMENT INFORMATION:

Present Position/Title:

Employer Name/Address:

Dates of employment:

Student enrollment (if applicable):

Number of employees you supervise: Annual budget:

Current annual salary:

Business phone: Fax: Email:

PREVIOUS EMPLOYMENT HISTORY: *List other full-time experience in reverse chronological order.*

<u>Position/Title</u>	<u>Organization/Location</u>	<u>Grade Level/ Enrollment</u>	<u>Dates</u>
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Have you ever been convicted of a felony? Yes No If yes, explain:

EDUCATION: *List education in reverse chronological order.*

<u>Institution</u>	<u>Dates Attended</u>	<u>Major/Minor</u>	<u>Degrees</u>
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REFERENCES: *List the names of four persons who know of your professional work and qualifications. Include the names of at least two school board members or others in a comparable position.*

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Phone</u>
1.			
2.			
3.			
4.			

Do you wish to place any restrictions on contacting these and other references? Yes No If yes, explain:

My signature below authorizes the school district to conduct a background investigation, including criminal convictions, driving records, previous employment, and personal references, as part of the application process. I hereby consent to the release of all information related to this investigation, and release the school district from any liability in connection with the use of this information.

I hereby certify that the information contained in this application and otherwise provided by me as part of the application process is complete and true. I understand that any false or misleading information provided by me will constitute sufficient grounds for disqualification of my application, or in the event I am employed by the district, for my dismissal.

Signature

Date

APPLICATION INSTRUCTIONS: [Email](#) required application materials and completed application form to:

Dr. Michael Dunn
Superintendent
NorthEast Washington ESD 101
4202 S. Regal St.
Spokane, WA 99223
mkempel@esd101.net

APPLICATION DEADLINE: *4:00 p.m. – Date April 9, 2018*