

APPLICATION FOR THE POSITION OF SUPERINTENDENT

ROBLA SCHOOL DISTRICT

Application Information Form

Please TYPE this form in its entirety.
A formal letter of application, a complete resume, and/or three letters of recommendation are required.

NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____

CITY STATE ZIP _____

OFFICE TELEPHONE: _____

EMAIL _____

CELL NUMBER: _____

Type of current organization/district (K-6, K12, etc.) _____

Annual Budget _____

Record of Professional Experience (Start with most recent experience)

District: _____ District Enrollment: _____

Title: _____ Years served (mo./year): from: _____ to: _____ Salary: _____

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Title: _____ Years served (mo./year): from: _____ to: _____ Salary: _____

Record of Professional Education (Verification of degree(s) may be required)

Institution: _____ Major: _____ Degree(s): _____

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Professional references that may be contacted confidentially:

Name: _____ Title: _____ Phone(hm): _____ (wk): _____

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Name: _____ Title: _____ Phone(hm): _____ (wk): _____

List the valid California credentials that you currently hold:

Type: _____ Expiration date: _____

Type: _____ Expiration date: _____

Type: _____ Expiration date: _____

If you are chosen for an interview, do you object to the Sacramento County Superintendent of Schools/designee contacting references other than those listed herein and on your confidential papers? Yes No

Have you ever been convicted of any felony or misdemeanor other than a minor traffic violation(s)? Yes No

**NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT;
HOWEVER, FAILURE TO ADMIT IS CAUSE FOR DISQUALIFICATION.**

Has your driver's license ever been suspended or revoked? (Job related only.) Yes No

Has your credential ever been suspended or revoked? Yes No

Do you have a physical condition which would affect your work in the position for which you are applying? Yes No

Explain on an attached page any items for which you have marked "Yes"

I certify that the information provided herein is true and complete to the best of my knowledge.

Signature of Applicant

Date

Return this application to:

**Sacramento County Office of Education
Human Resources Department
Attention: Effie Crush
P.O. Box 269003
Sacramento, CA 95826-9003
Phone: 916-228-2327
Fax: 916-228-2624**