

**APPLICATION FOR THE POSITION OF SUPERINTENDENT**

**GALT JOINT UNION ELEMENTARY SCHOOL DISTRICT**

**Application Information Form**

Please TYPE this form in its entirety.

A formal letter of application, a complete resume, and 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: \_\_\_\_\_

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District: \_\_\_\_\_ District Enrollment: \_\_\_\_\_

Title: \_\_\_\_\_ Years served (mo./year): from: \_\_\_\_\_ to: \_\_\_\_\_

**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): \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone(hm): \_\_\_\_\_ (wk): \_\_\_\_\_

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

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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"**

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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: Coleen Johnson  
P.O. Box 269003  
Sacramento, CA 95826-9003  
Phone: 916-228-2327  
Fax: 916-228-2624  
Email: CJohnson@scoe.net**