

# Application Form

1001 Centennial Way, Suite 400  
 Lansing, MI 48917-8249  
 P: 517.327.5927  
 F: 517.327.0774

Please provide us with the following to be considered an applicant:

1. MASB Application Form
2. A cover letter indicating your interest in this position.
3. A current resume and any additional relevant information.
4. A brief explanation of the moves in your professional career.
5. A brief review of your key professional accomplishments in the order of their importance to you.
6. Copies of transcripts.
7. At least three letters of recommendation.

District applying for \_\_\_\_\_ Position applying for \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Mr./Ms./Dr. First Name Middle Initial Last Name

\_\_\_\_\_  
 \_\_\_\_\_

Home Address City State ZIP

\_\_\_\_\_  
 \_\_\_\_\_

Home Phone Cell Phone Work Phone E-mail Address

\_\_\_\_\_  
 \_\_\_\_\_

Where do you prefer to be contacted confidentially: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Current Employer Position Salary

\_\_\_\_\_  
 \_\_\_\_\_

Business Address City State ZIP

\_\_\_\_\_  
 \_\_\_\_\_

Years in Position Enrollment Number of Teachers Annual Budget

\_\_\_\_\_  
 \_\_\_\_\_

Are you currently certified or eligible to be certified for this position?  Yes  No Which states? \_\_\_\_\_

### Administrative Experience (starting with most recent experience)

Position	School/System	Enrollment	City/State	From	To

### Educational History (starting with most recent degree or advanced study)

Degree	College/University	City/State	Major/Minor	Dates

## References

Please list the names of four persons who know your professional work and qualifications:

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I authorize the School District and the Michigan Association of School Boards to contact my references or any other references deemed necessary to ascertain the merits of my candidacy for this position. I authorize references to discuss my application and/or release information concerning me, and agree to hold them, the District, and the consultants harmless for providing and/or utilizing any information requested and/or provided.

I also request that my application and interest in the administrative position remain as confidential as possible under the applicable laws of the state. I understand that my candidacy may become a matter of public record when I am presented to the Board of Education. I further understand that elements of my resume may be available to the public and the news media at such time. However, I request that reasonable effort be taken to maintain the confidentiality of this application and other documents and information which accompany my application for the position for which I am applying. (Note: In some states, such as Florida, there can be no confidential written correspondence. Please call MASB if interested in one of these positions.)

- Yes**  **No** Have you ever been convicted of a felony?
- Yes**  **No** Have you ever been dismissed for cause from a position in a public or non-public school or child-care facility?
- Yes**  **No** Have you ever had a teaching credential revoked, suspended or annulled in any state, territory or foreign country?

If you answer "yes" to any of the above questions, you must attach a signed statement of explanation. Submit official copies of court records including disposition of the case(s).

I hereby affirm that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I acknowledge that any misrepresentations, omissions or falsifications might be grounds for dismissal if employed for this position.

Signature \_\_\_\_\_ Date \_\_\_\_\_