

Personal Information Form — INTERIM SUPERINTENDENT

Date _____

Name _____

Mailing Address _____

Telephone: Cell (_____) _____ Home (_____) _____

E-mail Address _____

Educational Preparation—(Earned degrees only)

| Degree Earned | Name of Institution | Field of Study | Year Earned |
|---------------|---------------------|----------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Educational Experiences (beginning with most recent or current position)

| Employment Dates | Position | Employer/Institution/Location (City, State) | Enrollment in Area of Responsibility |
|------------------|----------|---|--------------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Interim Preference/Availability:

1. Type of District: ☐ Elementary ☐ Secondary ☐ Unit

2. Size of District (Number of Students): _____

3. Geographical Preference (List Counties): _____

4. Comments: _____

**Send completed form, proof of qualification/license to be a
superintendent in the state of Illinois and current resume by mail or email.**

I certify that the information given is true to the best of my knowledge.

Signature