



CITY OF CHICKASAW BOARD OF EDUCATION

Application for Superintendent of Education

PERSONAL INFORMATION

Full Name:		Date:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:			
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Home Phone:	Cell Phone:	Email:	

EDUCATION

College:	City/State:	
Major:	Degree:	Year:
College:	City/State:	
Major:	Degree:	Year:
College:	City/State:	
Major:	Degree:	Year:

REFERENCES

Please list two professional references who have knowledge of your work and one character reference.

Full Name:	Relationship:
Employer:	Phone:
Address:	

Full Name:	Relationship:
Employer:	Phone:
Address:	

Full Name:	Relationship:
Employer:	Phone:
Address:	

DISCLAIMER AND SIGNATURE

I certify that the foregoing statements are true and correct and authorize the Chickasaw City School System or its designee to contact the references listed and to secure additional information regarding my qualifications and suitability for the position. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. If I am a finalist I may be required to provide additional information which may include SSN# and background check information.

Signature: _____ Date: _____