

MARTHA'S VINEYARD PUBLIC SCHOOLS

4 PINE STREET
VINEYARD HAVEN, MA 02568

(OFFICIAL USE ONLY)

Date Rec'd _____

Acknowledged incomplete:

- RÉSUMÉ
- TRANSCRIPTS
- REFERENCES
- CERTIFICATES
- CORI**

Application Date _____

APPLICATION FOR DIRECTOR OF STUDENT SERVICES

Martha's Vineyard Public Schools has contracted with CES for the Search of Director of Student Services

No person shall be excluded or discriminated against on the basis of race, color, religion, sex, age, national origin, sexual orientation, or disability.

Acknowledged complete:

Interviews:

1. PERSONAL INFORMATION: Name _____

Mailing Address: _____ Tel. (home) _____
No. & Street P. O. Box

_____ Tel. (bus.) _____
City State Zip

Social Security No. _____ Are you a U.S. citizen _____

2. CERTIFICATION STATUS

Massachusetts Certification:

Number(s) Field(s) Date(s) rec'd

Additional fields

Out of State Certifications:

State(s) Date(s) rec'd

Field(s) Type(s)

If not Massachusetts certified-
have you made application? Yes No

If yes, when? _____ What areas or subjects?

(1) _____ (2) _____

3. AVAILABILITY

Indicate date you will be able to accept a position? _____

Are you willing to come to Martha's Vineyard for an interview at your own expense? _____

4. EDUCATIONAL BACKGROUND

Complete education and work experience data are necessary to determine salary.

Applicant must provide a copy of college transcripts.

INSTITUTION AND ADDRESS

High School

College or
University

Other

Undergraduate Major _____ Undergraduate Minor _____

5. EDUCATION CONTINUED

PLEASE LIST GRADUATE DEGREES, PLUS ADDITIONAL COURSE WORK

Dates From/To	Institution	Location	Degree Program or Course Description	Credit	Degree or Diploma	Date Awarded

USE ADDITIONAL SHEET, IF NECESSARY, TO LIST COURSE WORK

6. STUDENT TEACHING

Dates From/To	Schools in which Student Teaching was completed	Address	Grade or Subject	No. of Weeks

7. PRESENT EMPLOYMENT

Date Hired	Total Years	School/Organization	Address

Job Title _____ Grade/Subject _____ Present Salary _____

Name of supervisor _____ Address _____ Tel. No. _____

Please describe your responsibilities: _____

8. PROFESSIONAL EXPERIENCE

(List most recent first, omitting present position)

9. SERVICE EXPERIENCE - Military

Dates From/To	Branch of Service	Reason for Leaving

10. OTHER WORK EXPERIENCE

(including part time, summer occupations, etc.)

Dates From/To	Firm, Institution, etc.	Nature of Work	Reason for Leaving

11. SUPPLEMENTAL INFORMATION

Travel Experience _____

Hobbies and Special Interests _____

Professional Affiliations _____

Minority Status (optional) – *The following questions are strictly optional, and are asked for Affirmative Action purposes. The information requested will remain confidential. Applicants will in no way be penalized for electing not to provide the information.*

- MINORITY STATUS 1. _____ American Indian 3. _____ Hispanic
 2. _____ Black American 4. _____ Other

Statement of Current Health _____

How did you learn of this vacancy? _____

12. PROFESSIONAL CANDIDATE RESPONSES

1. Briefly describe your short and long term career goals? _____

2. List any works you have published

-
3. What reading have you done in the past six months? _____
- a) Professional magazines _____
 - b) Books (Not textbooks) _____

4. In what extracurricular activities do you consider yourself proficient? (sports, clubs, etc.) _____

5. Discuss (briefly) 3 Important Contributions You Have Made to Improving the Special Education Services in Your Current Position/District Or past Positions.

6. Please write a brief anecdote describing an incident in your professional career which illustrates an application of your educational philosophy.

13. PROFESSIONAL REFERENCES

(In addition to those whose letters have been enclosed)

1. Name _____

Official Position _____ Tel. _____

Address _____

2. Name _____

Official Position _____ Tel. _____

Address _____

3. Name _____

Official Position _____ Tel. _____

Address _____

Have you ever been convicted of a crime other than a traffic violation? YES NO

If YES, please explain. _____

I authorize present and former employers, and individuals I have listed as personal references, to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

SIGNATURE OF APPLICANT

DATE

We may choose to contact your place of current employment. If you do not wish us to do so at this time, please check

Additionally, all applicants may be subject to a background check (CORI) to investigate criminal activity.

In order for your application to be complete, you must submit: résumé, copies of college transcripts, three letters of reference and copies of teaching certificate(s). Please return completed application to:

Joseph Gilbert, Ed.D.
c/o Sheila Murray
Center for Executive Search
Cape Cod Collaborative
418 Bumps River Road
Osterville, MA 02655
phone: 508.420.6950 x10; fax: 508.420.6959