



Please send this completed form to the address in the search brochure.

## Personal Information Sheet

Date \_\_\_\_\_

TO BE CONSIDERED AS AN APPLICANT THIS SHEET MUST BE COMPLETED IN FULL

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_

Cell \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Position \_\_\_\_\_

Type of District  K-8  K-12  9-12 \_\_\_\_\_ Student Enrollment \_\_\_\_\_

Annual Budget \_\_\_\_\_ Number of Professional Staff \_\_\_\_\_

(for your area of responsibility)

Location \_\_\_\_\_ Population \_\_\_\_\_

(City and State – Area of state and/or closest large city)

### Educational Preparation – Beginning with the B.A.

Degree	Year Received	School	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Educational Experiences to Date of Application (include current position)

From/To	Position	Institution/Location	Student Enrollment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize the Monroe School District to request any information from any person regarding my present and former employment and agree to hold harmless all parties requesting or responding to such inquiry.

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

\_\_\_\_\_  
Signature