BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT

**Great Barrington – Stockbridge – West Stockbridge**

# P.O. Box 617 • 50 Main Street • Stockbridge, MA 01262 • (413) 298-4017 ext. 19

## MONUMENT MOUNTAIN PRINCIPAL APPLICATION

**Name**:

Last First Middle

**Address:**

Email: Cell Phone: Home Phone:

#### Application Procedure

* **Submit this form along with the following materials to**:

**Dr. Peter Dillon, Superintendent of Schools**

**Berkshire Hills Regional School District**

P.O. Box 617, 50 Main Street

Stockbridge, MA 01262 (413) 298-4017 ext. 19 [peter.dillon@bhrsd.org](mailto:peter.dillon@bhrsd.org)

* **Resume**
* **Massachusetts Certification**, if not yet certified, a copy of your request to the bureau of Certification of the Massachusetts Department of Education.
* **Official Transcripts** Copies of transcripts will be accepted on a *temporary basis.* If you are recommended for a position, official transcripts **must** be provided prior to hiring.
* **Three ( 3) current letters of reference**
* **Completed CORI** (Criminal Offender Record Information) Form and **(SAFIS)** Statewide Applicant Fingerprint Identification System Background Check. *CORI should be done in person upon hiring*
* **Response to Questions:**

Please respond to the three questions below in no more than 250 words each.

1. Based on publically available data, what are three priority growth areas at Monument Mountain and how might you approach them?
2. What’s your vision for supporting and sustaining effective teams?
3. Where would you like to see Monument Mountain three years from now? How did you support those shifts?

###### OTHER INFORMATION

1. Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Title, Grade, Number of Certificate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Note: Each employee must obtain and file with the Superintendent of Schools a copy of Massachusetts Certificate)

3. List student co-curricular activity which you are able to coach or direct. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. When will you be available to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Present Salary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minimum you would accept\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is any additional information relative to change of name, use of assumed name or nickname necessary to

enable a check of your prior employment and/or school records? \_\_\_\_\_\_\_\_ If yes, please explain.

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

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1. Have you ever been convicted of any crime other than a minor traffic violation? \_\_\_\_\_\_ If yes, state where, when and disposition of case.
2. **ADDITIONAL REFERENCES:** In addition to the references submitted under Step 3 of the application procedure, these should be persons qualified to give any information to show your capabilities for the position you seek. Please include superintendents and principals with whom you have taught/worked.

NAME ADDRESS/PHONE POSITION

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An offer of employment may be conditioned on the results of a medical examination conducted solely for the purpose of determining whether the applicant is capable of performing the essential functions of the position.

**I certify that all statements herein are true.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that any misstatement or omission** Print or Type Name

**of materials in this application may be cause for** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**rejection of this application or my dismissal from** Signature

**employment.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date