



**Application Form for the Position of Superintendent  
Temple City Unified School District**

*Application requirements include a completed application form, a formal letter of application, a complete current resume, and five letters of reference (at least three current, within the past year).*

Name	Home Phone
Address	Office Phone
City	State
	Zip
E-mail Address	Mobile Phone
Current School District	
Current District Configuration (e.g. K-6, K-12)	Ethnic Composition
	Annual Budget

***Record of Professional Experience (begin with most recent)***

	Dates Served	District		
Position	From/To (Month/Year)	District	Enrollment	Salary

***Record of Professional Education***

Institution	Dates	Major	Degree
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***References TCG May Contact Confidentially***

Names, titles and telephone numbers of at least five references, three current within the last twelve months.

Name and Title	Home/Mobile Phone Number	Work Phone Number
Name and Title	Home/Mobile Phone Number	Work Phone Number
Name and Title	Home/Mobile Phone Number	Work Phone Number
Name and Title	Home/Mobile Phone Number	Work Phone Number
Name and Title	Home/Mobile Phone Number	Work Phone Number



What significant contributions do you feel you have made in an administrative position?

What important qualifications do you feel equip you to perform as the superintendent?

Do you have a California General Administrative or Standard Administrative Credential?

Yes       No

Do you object to the adviser contacting references other than those listed herein in your confidential papers?

Yes       No

Have you ever been convicted of a misdemeanor or a felony?

Yes (If yes, please explain)       No

How did you learn about this opening?

- I certify that the information provided herein is true and complete to the best of my knowledge,
- I authorize the verification of any and all information provided.
- I understand that false or erroneous information may be grounds for immediate elimination as a candidate or termination of employment if I am hired.
- I understand that if I contact a member of the Temple City Unified School District Board of Trustees during the application and selection process, I will be disqualified.

Signature of Applicant

Date

**Return completed application to: [jbritz@thecoscagroup.com](mailto:jbritz@thecoscagroup.com) or [tjohnstone@thecoscagroup.com](mailto:tjohnstone@thecoscagroup.com) no later than 4:00 p.m. on September 8, 2022**

**For more information contact:**

Dr. Jan Britz (805-796-9772) or Dr. Tom Johnstone (310-350-0896)

Information is also available at [TheCoscaGroup.com](http://TheCoscaGroup.com)

