

**Application Form for the Position of Superintendent
Monrovia Unified School District**

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

| | |
|---------------|--------------|
| Name | Home Phone |
| Address | Mobile Phone |
| City | State |
| | Zip |
| Email Address | Office 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 | Enrollment | Salary |
|----------|----------------------|----------|------------|--------|
| Position | From/To (Month/Year) | District | nt | |

Record of Professional Education

| Institution | Dates | Major | Degree |
|-------------|-------|-------|--------|
|-------------|-------|-------|--------|

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

- I certify that the information provided herein is true and complete to the best of my knowledge,
- I acknowledge that as an applicant for this position The Cosca Group will conduct a background search as a part of the process and give consent to said search.
- 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 Monrovia USD Board of Trustees during the application and selection process, I will be disqualified.
- I certify that the information provided herein is true and complete to the best of my knowledge. I authorize the verification of all information provided.

Signature of Applicant

Date

Application Deadline: April 5, 2024 at 5:00 p.m.

Return completed application via email to:
jshapiro516@gmail.com or ppuleo@gmail.com

For additional information, contact:
The Cosca Group
Mr. Joel Shapiro (626-497-5059) jshapiro516@gmail.com
Ms. Pat Puleo (714-318-1826) ppuleo@gmail.com

Application Deadline: April 5, 2024 at 5:00 p.m.
Information is also available at TheCoscaGroup.com