

Superintendent Certification Program

Application for Admission

PERSONAL INFORMATION Please Print

PERSONAL INFORMA	ION Flease Fillit							
Name, Last:		First:		MI:	Email Address:			Date:
Address:						Work Pl	hone Number:	
City:		State: Zip:			Home Phone Number:			
Social Security Number:		TEA ID Number:				Cell Phone Number:		
Former Name(s) Used, if Any								
		LEADER	SHIP E	XPERIEN	CE			
							are not limited to: principa er work or community lea	
Da	ites	District/Campus				Position Held		
					ı			
		HROUGH CERTIFIC						
							ncipal certificate or the	
	e certificate with this a		a public	s school als	strict. Pleas	e note	below which credential	s you noid and
Valid Texas	Principal certificate	Do you possess a	Do you l	have at least	three credita	ble	School district where curren	ntly employed:
certificate	or the equivalent	certificate which is	years of *managerial experien					, , ,
Principal EC-12:	from another state or	currently	public s	chool distric	t?			
	country	suspended,				_		
Mid-Management	State :	revoked, or pending			Y	es 📙		
	Country	such action in any state?			Not Applicab	Jo [
Date Issued:	Country: Date Issued:	Yes 🗌			Not Applicat	ле 🗀	Campus or Location:	
Dato loodod.	24.0 100404.	No □					Campus of Essention.	
Expires:	Expires:	If yes, explain:	*Manageri	al experience m	nust include		Position:	
•		• • •	responsibility for: (i) supervising or app			sing		
			faculty or staff; (ii) conducting district-le		ting district-level			
			planning a	and coordination	of programs, ac	tivities,		
				es; and (iii) creat	ting or maintaini	ng a		
			budget					

			EDUCATION						
College/University Attended:			Dates: From	То	Graduation Date:				
Degree:		Major Subject:	Major Subject:						
College/University Attended:			Dates: From	То	Graduation Date:				
Degree:			Major Subject:						
College/University Attended:			Dates: From	То	Graduation Date:				
Degree:			Major Subject:						
			1						
ADDITIONAL INFORMATION Please It is required that each applicant to an on date of birth and ethnicity is used to	educator prepa	ration and cert	ification program be s	ubject to a criminal r	ecord check. The following information				
Date of Birth – Month:	Day:	Year:	Gender: Male Female						
Ethnicity:	Į		I						
African-American	Hispanic	Othe	er 🔲 V	Vhite					
If you have ever been convicted of	a felony or misd	emeanor other	than traffic tickets or	similar, minor violation	ons, please explain in the space below.				
Offense:		Date Convicted:	ate Convicted:						
Disposition:		comments:							
	T	HREE PROE	ESSIONAL REFER	PENCES					
Name, Title, and Professional Affiliation of Ref		Email Address:		Phone Number:					
Name, Title, and Professional Affiliation of Ref	erence #2:		Email Address:		Phone Number:				
Name, Title, and Professional Affiliation of Ref	erence #3:		Email Address:		Phone Number:				
PERSONAL CERTIFICATION/LICEN	ISURE RESPO	NSIBILITY AC	KNOWLEDGEMENT						
I hereby affirm that all information pro upon information contained in this app the Harris County Department of Edu I hereby authorize Harris County Dep	olication which la cation Superinte	ater proves to be ndent Certifica	be false or incomplete tition Program.	shall result in sufficie	. I also understand that selection based ent cause for immediate dismissal from urposes to inquiring school districts.				
Applicant's Signature:					Date:				
<u> </u>					L				

The Department prohibits discrimination, including harassment, against any employee or applicant for employment on the basis of race, color, religion, gender, national origin, age, disability, or any other basis prohibited by law. Retaliation against anyone involved in the complaint process is a violation of Department policy.