



**MORRIS-UNION JOINTURE COMMISSION**  
340 Central Avenue, New Providence, NJ 07974  
(908) 464-7625  
www.mujs.org

Application for the Position of  
Principal/Supervisor of the Developmental Learning Center

M \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

For Office Use \_\_\_\_\_  
Reviewed by \_\_\_\_\_

Morris-Union Jointure Commission  
340 Central Avenue  
New Providence, NJ 07974  
908-464-7625

**Application for the Position of  
Principal/Supervisor of the Developmental Learning Center**

**I. Personal Information**

1. Name \_\_\_\_\_  
Last First M.I.

Home  
2. Address \_\_\_\_\_  
Street Apt. No. P.O. Box

\_\_\_\_\_  
City State Zip

3. Home Phone: ( ) \_\_\_\_\_  
Area Code

4. Work Phone: ( ) \_\_\_\_\_  
Area Code

May we contact you at this number? \_\_\_\_\_

5. Social Security # \_\_\_\_\_

6. Have you ever been convicted of a felony or a misdemeanor, excluding any minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you have any physical disability which would prevent you from satisfactorily performing your job with reasonable accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Application for Director/Supervisor, Developmental Learning Center

8. Are you currently under contract?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Expiration \_\_\_\_\_

9. If offered the position, when would you be available? \_\_\_\_\_

10. Salary received in last two positions?

Salary \_\_\_\_\_ Date \_\_\_\_\_ Inclusive \_\_\_\_\_

Salary \_\_\_\_\_ Date \_\_\_\_\_ Inclusive \_\_\_\_\_

**II. Certification**

1. I possess a New Jersey Principal or Supervisor's Certificate issued by the Bureau of Teacher Preparation and Certification.

Yes \_\_\_\_\_ No \_\_\_\_\_ (Enclose copy)

2. List other certificates held:

<u>Certification</u>	<u>Valid in What State</u>
_____	_____
_____	_____
_____	_____

**III. Personal Letter**

Please enclose a personal letter stating:

1. Why you want this position.
2. Administrative accomplishments.
3. Your experience, skills, and knowledge relating to autistic children.
4. Your experience, skills, knowledge, and effectiveness in the administration of public school programs.
5. Current knowledge of the Morris-Union Jointure Commission.

Application for Principal/Supervisor, Developmental Learning Center

IV. **Employment Record:** In chronological order, most recent position first.

1. Position title \_\_\_\_\_ Employment dates \_\_\_\_\_ to \_\_\_\_\_  
District \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of District \_\_\_\_\_  
(grade organization; urban/suburban/rural, number of schools)  
# of students \_\_\_\_\_ # of certified staff \_\_\_\_\_ Annual budget \_\_\_\_\_  
# of staff you supervise \_\_\_\_\_ Name of your supervisor \_\_\_\_\_  
Major responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Last salary \_\_\_\_\_ Why do you wish to leave? \_\_\_\_\_

2. Position title \_\_\_\_\_ Employment dates \_\_\_\_\_ to \_\_\_\_\_  
District \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
Business Address \_\_\_\_\_  
Type of District \_\_\_\_\_  
(grade organization; urban/suburban/rural, number of schools)  
# of students \_\_\_\_\_ # of certified staff \_\_\_\_\_ Annual budget \_\_\_\_\_  
# of staff you supervised \_\_\_\_\_ Name of your supervisor \_\_\_\_\_  
Major responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Last salary \_\_\_\_\_ Why did you leave? \_\_\_\_\_

3. Position title \_\_\_\_\_ Employment dates \_\_\_\_\_ to \_\_\_\_\_  
District \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Application for Principal/Supervisor, Developmental Learning Center

Business Address \_\_\_\_\_

Type of District \_\_\_\_\_

(grade organization; urban/suburban/rural, number of schools)

# of students \_\_\_\_\_ # of certified staff \_\_\_\_\_ Annual budget \_\_\_\_\_

# of staff you supervised \_\_\_\_\_ Name of your supervisor \_\_\_\_\_

Major responsibilities \_\_\_\_\_

Last salary \_\_\_\_\_ Why did you leave? \_\_\_\_\_

4. Position title \_\_\_\_\_ Employment dates \_\_\_\_\_ to \_\_\_\_\_

District \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Type of District \_\_\_\_\_

(grade organization; urban/suburban/rural, number of schools)

# of students \_\_\_\_\_ # of certified staff \_\_\_\_\_ Annual budget \_\_\_\_\_

# of staff you supervised \_\_\_\_\_ Name of your supervisor \_\_\_\_\_

Major responsibilities \_\_\_\_\_

Last salary \_\_\_\_\_ Why did you leave? \_\_\_\_\_

5. Position title \_\_\_\_\_ Employment dates \_\_\_\_\_ to \_\_\_\_\_

District \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Type of District \_\_\_\_\_

(grade organization; urban/suburban/rural, number of schools)

# of students \_\_\_\_\_ # of certified staff \_\_\_\_\_ Annual budget \_\_\_\_\_

# of staff you supervised \_\_\_\_\_ Name of your supervisor \_\_\_\_\_

Major responsibilities \_\_\_\_\_

Last salary \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Application for Principal/Supervisor, Developmental Learning Center

V. **Other Pertinent Employment Experience:** (include previous teaching positions if applicable)

Positions	Dates (mo./yr.)	Employer and Location
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VI. **Related Information**

1. Have you ever been dismissed, denied tenure, or not renewed for any reason including reduction in force? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

2. What are your salary requirements for this position? \_\_\_\_\_

VII. **Education and Professional Preparation**

Degree Received	Institute (name/location)
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VIII. **Professional Organizations:** (Indicate offices held, if any)

IX. **Honors, Awards, Accomplishment:** (e.g., scholarships, books authored, honorary degrees, special recognition for professional activities, lectureships, workshops, major addresses)

X. **Community Activities:** (voluntary and community service clubs, etc.)

XI. **References:** List four references, preferably recent employers. If you wish reference confidentiality at this time please indicate below.

<u>Name &amp; Title</u>	<u>Address</u>	<u>Telephone</u>
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Limits on contact of references:

XII. **Personal Attributes:** Briefly describe two or three of your personal attributes which you believe will contribute to your success as Principal/Supervisor of the Developmental Learning Center.

XIII. **Professional Evaluations:**

1. Please submit copies of all **written evaluations of your performance** which were conducted during the past year.
2. Please attach copies of **two (2) written evaluations of subordinates** which you have conducted during the past year. Block out name and other identifying reference so that the confidentiality of these individuals is protected.

If you are unable to provide either of the above, please explain why.

**XIV. Leadership:**

Briefly, but specifically, describe your administrative and educational leadership involvement in the following: 1) budget development and fiscal management, 2) staff evaluation and development, and 3) parent relationships.

(Attach a separate sheet, labeled with your name indicating Question #14.)

**XV. Knowledge of Autism:**

Specifically describe your knowledge of autism with respect to current research on effective teaching practices, behavior management, and community resources available for both autistic students and their parents.

(Attach a separate sheet, labeled with your name, indicating Question #15.)

I understand that prior to employment, I will be required to undergo, at board expense, a background check and a complete physical examination. I have included all requested information. I certify that the information included on and with my application is accurate and true. I understand that the information provided will be verified and that material misstatements may be deemed grounds for disqualification.

Date \_\_\_\_\_ Signature \_\_\_\_\_

An Equal Opportunity/Affirmative Action Employer

Application, materials, and inquiries should be made to:

Dr. Kim Coleman  
Superintendent of Schools  
Morris-Union Jointure Commission  
340 Central Avenue  
New Providence, NJ 07974