

ARLINGTON PUBLIC SCHOOL DISTRICT
ARLINGTON, MASSACHUSETTS

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR SUPERINTENDENT

Personal Information:

Name Victoria L Greer Home Phone [REDACTED]
Address [REDACTED] Office Phone [REDACTED]
Cambridge MA 02140 Cell Phone [REDACTED]
city state zip
Email Address [REDACTED]

How did you learn about this position (e.g. Education Week, Internet, Boston Globe)? MASC website and mailer

How may we contact you? at work at home by e-mail by cell phone **Preferred**

Certifications Held

Certification	State
Asst. Superintendent/Superintendent	MA
Superintendent	TN

Are you licensed as a superintendent in Massachusetts? YES NO
Are you eligible for licensure as a superintendent in Massachusetts? YES NO
If not, have you submitted an application for certification as a superintendent in Massachusetts? YES NO
Date of application: _____

Current School District Information:

Are you presently under contract to a school district? Yes
June 30, 2021
If yes, when does your contract expire? _____
Sharon Public Schools
Name of District _____
Superintendent
Position _____