



GCMS



Gibson City Melvin Sibley Community Unit School District #5 – www.gcmsk12.org
 Anthony Galindo, Superintendent – 307 N. Sangamon Avenue – Gibson City, Illinois 60936
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Personal Information Form

TO BE CONSIDERED AS AN APPLICANT THIS SHEET MUST BE COMPLETED IN FULL

I am applying for the position of superintendent of _____
(School District Name and No.)

Name _____

Address _____
Street City State Zip

Telephone: Home (_____) _____ Office (_____) _____

Cell: (_____) _____ E-mail: _____

Current Position _____

Type of District K-8 K-12 9-12 _____ Student Enrollment _____

Annual Budget _____ Number of Professional Staff _____
(for your area of responsibility)

Location _____ Population _____
(City and State—Area of state and/or closest large city)

Educational Preparation—Beginning with the B.A.

Degree	Year Received	School	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Educational Experiences to Date of Application (include current position)

From/To	Position	Institution/Location	Student Enrollment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize GCMS CUSD 5 to request any information from any person regarding my present and former employment and agree to hold harmless all parties requesting or responding to such inquiry.

I certify that the information given is true to the best of my knowledge

 Signature