

REFERENCES (CONTINUED)

Please list the following individuals on the lines below:

3. President or recent past President of your teachers' association where Superintendent

Name _____ Title _____

Address _____

Street

City

State

Zip Code

Home Phone _____ Business Phone _____

May we contact this individual for a reference? Yes No Only specific with permission

4. Member of community in which you are or were Superintendent

Name _____ Title _____

Address _____

Street

City

State

Zip Code

Home Phone _____ Business Phone _____

May we contact this individual for a reference? Yes No Only specific with permission

AUTHORIZATION

- | | YES | NO |
|--|--------------------------|--------------------------|
| A. Have you ever resigned from a position rather than face disciplinary action? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has any disciplinary action been brought against you which resulted in your being discharged from employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Have you ever been convicted of any crime (felony or misdemeanor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever had a teaching credential revoked, suspended, or annulled? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have proceedings ever been initiated against you pursuant to New York State Education Law §3020a? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to any of the questions above, provide on a separate sheet the specifics or an explanation for the response. If you elect not to provide specifics, or if such an explanation is insufficient, a confidential investigation may be initiated. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

AUTHORIZATION/AFFIRMATION STATEMENT MUST BE SIGNED TO BE VALID APPLICATION

I hereby authorize Dr. David O'Rourke, search consultant, and Cattaraugus-Allegany BOCES to make any investigation of my past employment, and I further waive the right to access to any information submitted by these references. I further release all previous employers from any and all liability in connection with any response(s) to questions from Dr. O'Rourke and Cattaraugus-Allegany BOCES.

I do hereby affirm that all statements by me on this application are true and complete. I understand that any false or inaccurate statements will be considered justification for disqualification of my application or termination of my employment, if discovered at any time after employment has commenced.

Date

Signature of Applicant

The State Education Department and the Cattaraugus-Allegany Board of Cooperative Educational Services are Equal Opportunity Employers. Inquiries concerning this policy of Equal Opportunity and Affirmative Action should be addressed to The Office of Diversity, Ethics, and Access, New York State Education Department, Albany, NY 12234, (518) 474-1264; Director of Personnel & Labor Relations, Title IX Compliance Officer, Section 504 Compliance Officer, Cattaraugus-Allegany BOCES, 1925 Windfall Road, Olean, NY 14760, (716) 376-8255.

CANDIDATE'S STATEMENTS

1. Based on the personal and professional criteria listed in the vacancy brochure, state in the space below the specific experiences and responsibilities you have had which you believe would be relevant to your leadership activities as a District Superintendent.

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CANDIDATE'S STATEMENTS (CONTINUED)

2. In explaining why you are interested in being District Superintendent and Chief Executive Officer of the Cattaraugus-Allegany BOCES, please outline your thoughts on what you would hope to achieve.

Add attachments, as necessary.

Date

Signature of Applicant