



**Superintendent of Schools
Fonda-Fultonville School District
Application of**

NAME: _____

**PLEASE COMPLETE THE ENTIRE APPLICATION
IF ANY PART DOES NOT APPLY TO YOU, PLEASE INDICATE BY MARKING N/A.**

**ELECTRONIC SUBMISSIONS ONLY. SEND COMPLETED APPLICATION TO THE OFFICE OF
THE DISTRICT SUPERINTENDENT VIA EMAIL TO:**

Christine Eaton: ceaton@hfmboces.org

Subject line: FFCS Search

Date: _____

Hamilton-Fulton-Montgomery BOCES and the school district do not discriminate on the basis of an individual's actual or perceived race, color, religion, religious practice, national origin, ethnic group, sex, gender identity, sexual orientation, political affiliation, age, marital status, military status, veteran status, disability, weight or any other basis prohibited by New York state and/or federal non-discrimination laws in its programs and activities, and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding BOCES non-discrimination policies should be directed to Dr. William Bordak (wbordak@hfmboces.org), Director of Human Resources; or Connie Grant (cgrant@hfmboces.org), Assistant Director of Human Resources (518) 736-4309, HFM BOCES, 2755 State Highway 67, Johnstown, NY 12095. Inquiries may also be addressed to the Office for Civil Rights at the US Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005, 646-428-3800, OCR.NewYork@ed.gov.

PERSONAL DATA

1. Name _____
(Last) *(First)* *(Middle)*
2. Permanent Address _____
(Street & Number) *(City & State)* *(Zip Code)*
3. Home Phone # _____ Cell Phone # _____
(Area Code & Number) *(Area Code & Number)*
4. Email Address _____
5. Retirement # _____
6. Present Employer _____
Address _____
Phone _____ Position _____
7. Earliest date available for employment _____

8. CERTIFICATION

STATE	DATE ISSUED	TITLE	PROVISIONAL/PERMANENT

9. EDUCATIONAL PREPARATION *(List in chronological order)*

HIGH SCHOOL AND COLLEGE/UNIVERSITY	ADDRESS	CONFERRED MAJOR/MINOR	DEGREE

10. TEACHING EXPERIENCE *(List in chronological order)*

SCHOOL	ADDRESS	DATES	GRADE/SUBJECT

11. ADMINISTRATIVE EXPERIENCE *(List in chronological order)*

SCHOOL	ADDRESS	DATES	POSITION

12. OTHER RELATED EXPERIENCE *(Include civic and community participation)*

FIRM/ORGANIZATION	ADDRESS	DATES	POSITION

15. BACKGROUND INFORMATION

- A. Are you a United States citizen? Yes No
- B. Have you ever been dismissed from, resigned from, entered into a settlement agreement, or otherwise left employment to avoid investigation and/or dismissal for alleged misconduct? Yes No
- C. Are you the subject of any pending investigation and/or disciplinary charge(s) pertaining to employment? Yes No
- D. Have you ever been found guilty after trial, or pleaded guilty, no contest, nolo contendere, or had adjudication withheld to a crime (felony or misdemeanor) in any court? Yes No
- E. Do you currently have any criminal charge(s) pending against you? Yes No
- F. Have you ever had an application for a teaching, professional or vocational credential (i.e., license, certificate or registration) in New York or any other jurisdiction denied? Yes No
- G. Have you ever surrendered a teaching, professional or vocational credential (i.e., license, certificate or registration) or had such credential revoked, suspended, invalidated or otherwise subjected to a disciplinary penalty in any jurisdiction? Yes No
- H. Are you the subject of any pending investigation and/or disciplinary charge(s) for professional misconduct in any jurisdiction? Yes No
- I. Have you ever been denied tenure? Yes No
- J. Have you ever resigned from a position to avoid the effects of a denial of tenure designation? Yes No
- K. Have you ever been the subject of a Part 83 notification to the State Education Department? Yes No

If you answered "Yes" to any of the above background questions (A-K), attach a separate sheet explaining each Yes response.

ATTESTATION

I certify that all statements herein are true, accurate and complete, and I understand that any false, misleading or willful omissions shall be just cause for dismissal or refusal of employment.

Signature _____ *Date* _____