

Application for
District Superintendent/ Chief Executive Officer
Schuyler-Steuben-Chemung- Tioga-Allegany
(Greater Southern Tier)
Board of Cooperative Educational Services

The following materials should be forwarded to the search consultant only, prior to the application deadline:

- a cover letter
- a complete, current résumé
- a completed application
- placement credentials, including college transcripts and evidence of NYS certification
- five current letters of recommendation (less than one year old)

Mail to: TST BOCES
 Dr. Jeffrey A. Matteson
 District Superintendent
 555 Warren Road
 Ithaca, NY 14850

This application may be electronically submitted to Dr. Jeffrey A. Matteson at jmatteson@tstboces.org.
 The affirmation and signature page (page 4) MUST be printed, signed and mailed to Dr. Matteson for the application to be valid.

Application deadline is May 14, 2021.

Personal Information

Last name _____ First _____ Middle _____

Home address _____ Phone: Office _____

_____ Home _____

Email address _____ Cell _____

Present employer _____

Business address _____

Present position _____ Employed from _____ to _____

Type of organization or school district _____

Personnel responsible to you: # Instructional _____ # Non-instructional _____ Enrollment _____

School district budget \$ _____

Name/title of immediate supervisor _____ Phone _____

List three professional references:

Name/title _____ Organization _____ Phone _____

Name/title _____ Organization _____ Phone _____

Name/title _____ Organization _____ Phone _____

Personal Information (continued)

- | | 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 served with the U.S. Military, including the Army, Navy, Air Force, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Have you ever been convicted of a criminal offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are you now under charges for any crime (felony or misdemeanor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer any charges? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Have you ever had a teaching credential revoked, suspended or annulled? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Have proceedings ever been initiated against you pursuant to New York State Education Law Section 3020a? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any of the personal information questions above, provide on a separate sheet the specifics or an explanation for the answer. 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.

Education/Certification

	Institution	Major/Minor	Degree
Undergraduate	_____		

Graduate	_____		

List all certificates you have earned in education (please enclose copies).

Title of Certification	State	Certification #	Currently Valid?	
			YES	NO
_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>

Tenure

Have you previously been granted tenure in New York State? YES NO

Name of School District	Tenure Area

Employment

Please begin with your most current former employer (you do not need to include information on your present employer).

PLEASE NOTE: This section must be filled out completely. Do NOT state "See Attached."

	Employed From	Through
Employer _____	_____	_____
Address _____ _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Phone _____	Salary – Starting	Final
Job Title _____	\$ _____	\$ _____
Supervisor _____		
Work performed _____		
Reason for leaving _____		

	Employed From	Through
Employer _____	_____	_____
Address _____ _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Phone _____	Salary – Starting	Final
Job Title _____	\$ _____	\$ _____
Supervisor _____		
Work performed _____		
Reason for leaving _____		

	Employed From	Through
Employer _____	_____	_____
Address _____ _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Phone _____	Salary – Starting	Final
Job Title _____	\$ _____	\$ _____
Supervisor _____		
Work performed _____		
Reason for leaving _____		

If you need additional space, please continue on a separate sheet of paper.

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Affirmation and Signature

Please read the following statements, print this page and sign below. This signature page must be mailed to Dr. Jeffrey A. Matteson at the address listed on page 1 in order for your electronically submitted application to be valid.

I hereby declare that the information provided by me is true, factual and complete. I understand that false or incomplete statements or misrepresentations may disqualify me for employment or cause my subsequent dismissal. If employed by the GST BOCES, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.

I acknowledge that nothing in this application or in the GST BOCES hiring process creates a contract of employment and that the district, should I obtain employment, retains its right to terminate my employment in accordance with law and/or contract. I hereby authorize the GST BOCES or its agent to verify my credentials and investigate me (including a DMV check and a consumer investigative report) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends and business associates and others who the GST BOCES or its agent, in its sole judgment, believes has relevant information. I will not make any claims against the GST BOCES, such agents, or persons that the district or such agent may contact during the investigation of references and my application in general.

I hereby release the GST BOCES, such agents, and such persons from any and all claims related in any way to such reference checks or investigation of my application in general.

Date

Signature