



1. Please complete application form and forward it, along with other required materials, to the person listed on the back of this form.
2. You are invited to add or attach any additional information which will assist us in our evaluation.
3. Applicants are asked not to contact members of the Board of Education except as they may be requested to do so.
4. Applications may be downloaded for completion and signature, go to www.dcmoboces.com/supersearch.

<i>Last Name</i>	<i>First</i>	<i>Middle</i>
Current Position: _____	Email: _____	
Business Phone: _____	Contact Phone: _____	
Business Address: _____	Home Address: _____	
_____	_____	
_____	_____	
_____	_____	

No. People Reporting to You: _____ Size of District (*No. of students*) _____ Annual Budget: _____

Certificates Held: _____

For the following, please note If you answered yes, you will not necessarily be disqualified as an applicant for employment.

☐ No ☐ Yes Have you ever had a professional certificate or license denied, revoked, or suspended by any governmental agency? *If yes, please explain:*

☐ No ☒ Yes Are you legally eligible for employment in this country? *If employed, you will be asked to product two original forms of identification.*

☐ No ☐ Yes Do you have relatives and/or friends employed in this school district? *If yes, who:*

☐ No ☐ Yes Have you ever been convicted of a criminal violation (misdemeanor/felony, excluding minor traffic offenses)?
If yes, please explain:

☐ No ☐ Yes Are any criminal charges or proceedings pending against you? *If yes, please explain:*

☐ No ☐ Yes Have you ever been found guilty of and/or pleaded guilty to charges pursuant to New York State Education Law 3020-a? *If yes, please explain:*

PROFESSIONAL EDUCATION

UNDERGRADUATE

Institution:	Major:	Degree:	Date:
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GRADUATE

Institution:	Major:	Degree:	Date:
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EMPLOYMENT RECORD

Please supply a complete list of full-time experience. List most recent experience first.

POSITION:

Organization:	Size:	Start Date:	End Date:
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POSITION:

Organization:	Size:	Start Date:	End Date:
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POSITION:

Organization:	Size:	Start Date:	End Date:
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POSITION:

Organization:	Size:	Start Date:	End Date:
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POSITION:

Organization:	Size:	Start Date:	End Date:
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POSITION:

Organization:	Size:	Start Date:	End Date:
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POSITION:

Organization:	Size:	Start Date:	End Date:
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PERSONAL STATEMENT

Please describe your leadership experiences in curriculum and instructional development.

[illegible]

REFERENCES

Please list the names of five persons who know of your professional work and qualifications.

NAME:			
Position:	Address:	Office Phone:	Home Phone:
NAME:			
Position:	Address:	Office Phone:	Home Phone:
NAME:			
Position:	Address:	Office Phone:	Home Phone:
NAME:			
Position:	Address:	Office Phone:	Home Phone:
NAME:			
Position:	Address:	Office Phone:	Home Phone:

DECLARATION FOR APPLICATION

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and/or Search Consultant and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature

Date

MAILING INSTRUCTIONS

Completed application forms and all supporting materials should be mailed to:

Mr. Michael Rullo, District Superintendent
Delaware-Chenango-Madison-Otsego BOCES
6678 County Road 32
Norwich, NY 13815-3554

Phone: (607) 335-1233

Email: mrullo@dcmoboces.com

NON DISCRIMINATION DISCLAIMER: Delaware-Chenango-Madison-Otsego Board of Cooperative Education Services does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities, employment, and admissions.