

# Application for

## District Superintendent/ Chief Executive Officer

### Broome-Delaware-Tioga

### 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](mailto: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 April 22, 2022.**

## 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

	YES	NO
Have you previously been granted tenure in New York State?	<input type="checkbox"/>	<input type="checkbox"/>
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 _____		
Job Title _____		
Supervisor _____		
Work performed _____		
Reason for leaving _____		

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

	Employed From	Through
Employer _____	_____	_____
Address _____ _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Phone _____		
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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**District Superintendent/ Chief Executive Officer**  
**Broome-Delaware-Tioga**  
**Board of Cooperative Educational Services**

## **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 Broome-Delaware-Tioga 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 BDT 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 BDT 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 BDT BOCES or its agent, in its sole judgment, believes has relevant information. I will not make any claims against the BDT 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 BDT 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.

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Date

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Signature