

APPLICATION FOR THE POSITION OF

DISTRICT SUPERINTENDENT AND CHIEF EXECUTIVE OFFICER



2755 NY-67, Johnstown, NY 12095

www.hfmboces.org

District Superintendent & CEO Employment Application

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

Home Phone w/Area Code _____

Personal Email Address _____

Cell Phone w/Area Code _____

Candidates should send one email with the following attachments by 5 p.m. on July 10, 2026:

- * Cover letter
- * Current resume
- * The completed PDF application
- * Official transcripts
- * All teaching and administrative certificates
- * Three letters of recommendation

MATERIALS SHOULD BE E-MAILED TO:

Lauren J. Gemmill, District Superintendent
c/o Nicole Coleman
Capital Region BOCES
900 Watervliet-Shaker Road
Albany, NY 12205
(518) 862-4901
Nicole.Coleman@neric.org

INQUIRIES

Email: lauren.gemmill@neric.org

Applicants should not contact members of the HFM BOCES Board or BOCES personnel. All inquiries must be directed to Lauren Gemmill.

Application Deadline: 5 p.m. on Friday, July 10, 2026

HFM BOCES is committed to equal opportunity in educational programs, admissions and employment.

Hamilton-Fulton-Montgomery BOCES does 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, including admissions and employment, and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the BOCES non-discrimination policies should be directed to Dr. Aaron Bochniak (abochniak@hfmboces.org), Assistant Superintendent for BOCES Operations and Component District Services, (518) 736-4305, 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. (Revised 9/2020)

The Federal Office of Civil Rights requires that a non-discrimination statement be included on any "bulletins, announcements, publications, catalogs, application forms, or other recruitment materials that are made available to participants, students, applicants, or employees."

EDUCATION & PROFESSIONAL PREPARATION

High School & Location

College Institution & Location	Degree Earned	Major/Minor	Sem. Hrs.	Date

Certification / Title	State	Date Issued	Expiration Date

TENURE STATUS

Were you ever appointed to tenure in a public school district in New York State? Yes No

If yes, complete:

Tenure area _____

Date tenure granted _____

Name and address of school district where tenure was granted

If you were appointed to tenure in other district(s) and/or tenure area(s), please attach that information to the application.

CURRENT EMPLOYMENT

Employer _____ Business Phone w/Area Code _____

Address _____

Job Title _____ Date Employment Began _____

Immediate Supervisor, Title, and Phone _____

May we contact for reference? Yes No Later

School District Enrollment _____ Annual Budget _____ Total # of Employees _____

Summarize the nature of the work performed and job responsibilities:

PREVIOUS EMPLOYMENT

Employer _____ Business Phone w/Area Code _____

Address _____

Job Title _____ Date Employment Began _____

Immediate Supervisor, Title, and Phone _____

May we contact for reference? Yes No Later

School District Enrollment _____ Annual Budget _____ Total # of Employees _____

Summarize the nature of the work performed and job responsibilities:

Employer _____ Business Phone w/Area Code _____

Address _____

Job Title _____ Date Employment Began _____

Immediate Supervisor, Title, and Phone _____

May we contact for reference? Yes No Later

School District Enrollment _____ Annual Budget _____ Total # of Employees _____

Summarize the nature of the work performed and job responsibilities:

Employer _____ Business Phone w/Area Code _____

Address _____

Job Title _____ Date Employment Began _____

Immediate Supervisor, Title, and Phone _____

May we contact for reference? Yes No Later

School District Enrollment _____ Annual Budget _____ Total # of Employees _____

Summarize the nature of the work performed and job responsibilities:

REFERENCES

Please provide five (5) individuals who may be contacted to provide a reference on your professional performance, professional demeanor, and/or professional achievements.

Name _____ Dates Known _____
Title _____
Address _____
Work Phone w/Area Code _____ Home Phone w/Area Code _____

Name _____ Dates Known _____
Title _____
Address _____
Work Phone w/Area Code _____ Home Phone w/Area Code _____

Name _____ Dates Known _____
Title _____
Address _____
Work Phone w/Area Code _____ Home Phone w/Area Code _____

Name _____ Dates Known _____
Title _____
Address _____
Work Phone w/Area Code _____ Home Phone w/Area Code _____

Name _____ Dates Known _____
Title _____
Address _____
Work Phone w/Area Code _____ Home Phone w/Area Code _____

ADDITIONAL INFORMATION

Are any criminal charges or proceedings pending against you?	Yes	No
Have you ever been dismissed from a position?	Yes	No
Have you ever resigned from a position to avoid a denial of tenure?	Yes	No
Have you ever resigned as an alternative to facing any type of charges or dismissal?	Yes	No
Have you ever been found guilty of charges pursuant to New York State Education Law 3020-a?	Yes	No
Have you ever been the subject of a Part 83 notification to the NYS Education Department for which it was determined that a substantial question exists as to your moral character?	Yes	No

If you answered yes to any of the above, you will not necessarily be disqualified as an applicant. Please explain below:

Are you able to perform the essential functions of this position with or without reasonable accommodations?	Yes	No
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WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I hereby authorize Capital Region BOCES and the Hamilton-Fulton-Montgomery BOCES to verify and investigate all statements I have made on the employment application, related papers, and in interviews, and I further waive the right of access to any information submitted by these references. I authorize the BOCES to contact all employers and personal references listed on my employment application. In addition, I authorize all individuals, schools and employers mentioned on my employment application to freely provide any information requested that may be relevant and helpful in making a hiring decision. I release any such individuals, schools and employers from any and all legal liability or damage for disclosing any information about me.

I do hereby affirm that all statements and materials submitted by me 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. In addition, I understand that if this form is not signed and submitted with the appropriate completed application form, I will not be considered for employment by the Hamilton-Fulton-Montgomery BOCES.

APPLICANT'S STATEMENT

I understand that Capital Region BOCES, acting on behalf of Hamilton-Fulton-Montgomery BOCES will thoroughly investigate my work and personal history and verify all data given on this application, related papers, and in interviews.

I understand that I am not guaranteed employment by merely completing this application and even if I am hired by Hamilton-Fulton-Montgomery BOCES, this document is not to be considered a contract for employment. If I am chosen for employment by HFM BOCES, I agree to conform to its rules and regulations as set forth in the Employee Handbook and/or policies, and I acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by HFM BOCES at any time at HFM BOCES's sole discretion without prior notice to me.

I understand that I will not be eligible for employment by HFM BOCES if the New York State Education Department does not clear me for employment after my fingerprints are reviewed by the Division of Criminal Justice Services.

If requested by HFM BOCES in connection with this application and if given a bona fide offer of employment, I agree to take a medical examination in accordance with HFM BOCES policies. I agree that the examining authority may disclose the findings of these examinations to HFM BOCES and that my initial employment is conditioned upon meeting the requirements of that examination as established by HFM BOCES.

Signature _____ Date _____