APPLICATION FOR THE POSITION OF

# **SUPERINTENDENT OF SCHOOLS**









88 Lakehill Rd, Burnt Hills, New York 12027 www.bhbl.org

## **Superintendent Employment Application**

PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	
Home Address			
Home Phone w/Area Code			
Preferred Email Address			
Cell Phone w/Area Code			

Candidates should send one email with the following attachments by 5 p.m. on January 5, 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: <a href="mailto:lauren.gemmill@neric.org">lauren.gemmill@neric.org</a>

Applicants should not contact members of the Burnt Hills-Ballston Lake Board of Education or school district personnel. All inquiries must be directed to Lauren Gemmill.

Application Deadline: 5 p.m. on Monday, January 5, 2026

Burnt Hills-Ballston Lake Central School District is in compliance with the Civil Rights Act of 1964 and Title IX Educational Amendments of 1972. The School District provides equal employment opportunities to all individuals and does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability.

## **EDUCATION & PROFESSIONAL PREPARATION**

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	Degree Earned	Major/Minor		Sem. Hrs.	Date
rtification / Title		State	Date	e Issued	Expiration Date
Timedia					Expires.e s.c.
TENURE STATUS					
Were you ever appointed to tenure in a pub	olic school district i	n New York Sta	ate?	Yes N	0
If yes, complete:					
Tenure area					
Date tenure granted					
Name and address of school district where t	enure was granted				

### **CURRENT EMPLOYMENT**

Employer	Business Phone w/	Area Code
Address		
ob Title	Date Employment l	Began
mmediate Supervisor, Title, and Pho	one	
May we contact for reference?	Yes No Later	
School District Enrollment	Annual Budget	Total # of Employees
Summarize the nature of the work p	•	
PREVIOUS EMPLOYMENT		
	Desciones Diseases	Assa Cada
-mployer	Business Phone w/	Area Code
Address		
ob Title	Date Employment I	Began
mmediate Supervisor, Title, and Pho	one	
May we contact for reference?	Yes No Later	
School District Enrollment	Annual Budget	Total # of Employees
Summarize the nature of the work p	erformed and job responsibiliti	ies:

Employer	Business Phone w/Area Code			
Address				
Job Title		Date Employment Bega	an	
Immediate Supervisor, Title, and P	hone			
May we contact for reference?	Yes No	Later		
School District Enrollment	Annual	Budget	Total # of Employees	
Summarize the nature of the worl	k performed ar	nd job responsibilities:		
Employer		Rusiness Phone w/Area	a Code	
			an	
May we contact for reference?	Yes No	Later		
School District Enrollment	Annua	Budget	Total # of Employees	
Summarize the nature of the worl		_		
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## **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		
	Home Phone w/Area Code	
Name	Dates Known	
Title		
	Home Phone w/Area Code	
	Dates Known	
Title		
Work Phone w/Area Code	Home Phone w/Area Code	
Name	Dates Known	
Title		
Work Phone w/Area Code	Home Phone w/Area Code	
Name	Dates Known	
Title		
	Home Phone w/Area Code	

## **ADDITIONAL INFORMATION**

Yes	No
Yes	No
	Yes Yes Yes

#### WAIVER AND RELEASE FOR APPLICANT BACKGROUND CHECK

By signing below, I hereby authorize Capital Region BOCES and the Burnt Hills-Ballston Lake Board of Education 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 BH-BL Central School District.

#### APPLICANT'S STATEMENT

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.

I understand that Capital Region BOCES, acting on behalf of the BH-BL Central School District (hereafter known as "the District") will thoroughly investigate my work and personal history and verify all data given on this application, related papers, and in interviews.

I authorize all individuals, schools and employers mentioned therein to provide any information requested about me, and I release them from any and all legal liability or damage for disclosing information about me.

I understand that I am not guaranteed employment by merely completing this application and even if I am hired by the District, this document is not to be considered a contract for employment. If I am chosen for employment by the District, 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 the District at any time at the District's sole discretion without prior notice to me.

I understand that I will not be eligible for employment by the District 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 the District in connection with this application and if given a bona fide offer of employment, I agree to take a medical examination in accordance with District policies. I agree that the examining authority may disclose the findings of these examinations to the District and that my initial employment is conditioned upon meeting the requirements of that examination as established by the District.

Signature	Date	