Department of Education

HUMAN RESOURCES

AGREEMENT OF CONFIDENTIALITY/CERTIFICATION FORM

_____	_____	_____
Position Title	**School**	**District**

Agreement of Confidentiality: I understand that all matters regarding the selection procedure are of a highly confidential nature. By agreeing to serve as a committee member, I accept full responsibility for maintaining complete confidentiality and will not reveal any information concerning applicants to any person either during or after the selection process. Any breach of this agreement will disqualify me from membership on this committee and may disqualify me from participating on future committees.

Certification Statement: In accordance with C-30, no one may serve on a Level I Committee if s/he is a close relative or member of the household of an applicant.

Are you a close relative* or member of the household of any applicant referred for evaluation to the Level I Committee for this position? Yes ____ No ____

Note: If you answered YES, you will be disqualified from serving on this selection committee.

ATTESTATION:

1. I have reviewed the list of applicants referred for evaluation to the Level I Committee.
2. I understand that should any circumstances change regarding my relation to a candidate, I will immediately notify the Chairperson of the Level I Committee and withdraw from the selection process.
3. To the best of my knowledge, there is no impediment to my serving on the Level I Committee in a fair and unbiased manner.
4. I affirm that to the best of my knowledge, I am not the subject of an investigation by the Office of Special Investigations, Office of the Special Commissioner of Investigation for the City of New York City School District, or any law enforcement or other agency.
5. I affirm that I have been rated satisfactorily for the prior three years and am not the subject of any disciplinary proceeding. (For employees only)
6. I hereby certify that my statements contained herein are to the best of my knowledge and belief, true and correct.

WARNING: A person knowingly making false statements will be disqualified from serving on this Level I Committee and may be disqualified from serving on future committees.

_____ _____
Signature of Committee Member Date

(Check Affiliation) CSA ____ UFT ____ Parent ____ DC 37 ____ HS Student ____

*Close relative shall mean a parent, spouse, child, brother, sister, aunt, uncle, niece, nephew, grandparent, grandchild, or the spouse or child of any of them, or a person bearing the same relationship to the employee's spouse.