



GREAT NECK PUBLIC SCHOOLS

• Confidentiality Statement •

(THIS FORM MUST BE KEPT WITH INTERVIEW MATERIALS)

As a member of the Great Neck Public School District's Selection Committee for the position of _____, I acknowledge that I will receive confidential information during the selection process. This confidential information may include, but is not limited to, candidates' names, the positive and negative attributes of candidates, their qualifications, opinions of Selection Committee Members as to the qualifications of candidates, and the ranking of candidates by Selection Committee Members.

I hereby state that I will not disclose any confidential information I acquire through my participation on the Selection Committee, except as agreed upon by the committee. I further acknowledge that should I disclose any confidential information, I will be subject to the immediate removal from the Selection Committee and other appropriate remedies.

Signature: _____

Position of Interviewer: _____

Date: _____

Note: If you have any problems with the process while serving on a committee, please address your concerns to:

GNTA - president or vice president of professional development

SAGES - president or vice president

PARENT - committee chair or superintendent