



ACKNOWLEDGEMENT OF CONFIDENTIALITY

By affixing my signature below, I acknowledge that Committee Chair, has informed me of my duty and responsibility to maintain the strictest degree of confidentiality regarding the totality of the information that will be revealed to me during the application screening process for the position that we are interviewing for.

I acknowledge that the examples identified below were only provided for the purpose of aiding my understanding of the nature and scope of information that is to be considered confidential. Consequently, I understand that this list is not exhaustive but was provided only to be illustrative of the types of information that I must consider to be confidential.

To that end, confidential information should be construed to be (1) any information that would reveal the name, age, gender, race, marital status or residency of any candidate; (2) the name, location or nature of any candidate's current or former employer(s); (3) the names of any institutions of higher education the candidate may have attended; (4) any certificate or credential the candidate may or may not possess; (5) any information that would reveal the personal or professional preparation or experience any candidate may possess; (6) any information that would reveal the community, city, region or state where the candidate has resided; and (7) any other information that I become aware of during my participation in the District's screening process.

Lastly, I acknowledge that I have been extended the opportunity to ask any questions and to seek any clarifications regarding my understanding of my duty to maintain the confidentiality of the information that will be revealed to me during the screening process and I agree to abide with the duty that responsibility requires of me.

Signature of Committee Member Date

Print Committee Member Name

Position Screening/Interviewing for: