

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual identity, transgender, sexual orientation, marital status, or handicap which does not preclude the applicant from performing the essential functions of the job with or without reasonable accommodation.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

INSTRUCTIONS: Please read the application for employment carefully and answer **EVERY** question in full. If you cannot answer or do not understand any part of this application, notify School District personnel immediately. If you need additional space to complete an answer, please attach additional sheets containing the information to this application. In addition to the information required below, please provide any other information you think would be helpful to us in considering you for employment. You may exclude all information indicative of age, sex, race, religion, color, national origin, and handicap.

NOTE: ANY FALSE STATEMENT OR OMISSION MAY DISQUALIFY AN APPLICANT FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE CONSIDERED JUSTIFICATION FOR IMMEDIATE **DISMISSAL**, IF DISCOVERED AT A LATER DATE.

Date of Application: _____

Name:

Last	First	Middle
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Address: _____

Telephone: () _____ E-Mail Address: _____
 Area Code

Social Security Number: _____

How were you referred to us?

Newspaper Ad: _____ Friend: _____ Relative: _____

Employment Agency: _____ Employer: _____ Other: _____

Name of Referral Source: _____

Position(s) Applied For:

Administration	_____
Teaching	_____
Guidance	_____
Non-Teaching	_____

What is your minimum weekly salary requirement? \$ _____

How much are you currently earning per week? \$ _____

Date available for work? _____

EDUCATIONAL DATA:

<u>School</u>	<u>Name & Location</u>	<u>Course of Study</u>	<u>Did you Graduate</u>	<u>Degree or Diploma</u>	<u>Dates</u>
Graduate/ Professional					From _____ To _____
College					From _____ To _____
High School					From _____ To _____
Elementary					From _____ To _____
Other					From _____ To _____

Educator License # _____ State of Issue: _____ Date of Issue: _____

Educator License # _____ State of Issue: _____ Date of Issue: _____

Educator's Subject Area(s)

Type of License:

Professional, etc.

FOR TEACHING, ADMINISTRATIVE, INSTRUCTIONAL PARAPROFESSIONAL AND SUBSTITUTE TEACHER POSITIONS, COLLEGE TRANSCRIPTS MUST BE SUBMITTED WITH THIS APPLICATION.

EMPLOYMENT HISTORY:

List present or most recent employer first (use other side of application if necessary). List all full-time and part-time employment held in the past ten (10) years. You may include any verified work performed on a volunteer basis. Continue on a separate sheet, if necessary.

- Employer:** _____

Address: _____

Telephone No. () _____

Employed: From: _____ To: _____

Month/Year

Month/Year

Salary: _____

Start

End

Job Title: _____

Job Duties & Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____

DO NOT CONTACT: _____ Reason: _____

EMPLOYMENT HISTORY: (Cont'd.)

2. Employer: _____
Address: _____
Telephone No. () _____
Employed: From: _____ To: _____
Month/Year Month/Year
Salary: _____
Start End
Job Title: _____
Job Duties & Responsibilities: _____
Reason for Leaving: _____
Supervisor's Name: _____
DO NOT CONTACT: _____ Reason: _____

3. Employer: _____
Address: _____
Telephone No. () _____
Employed: From: _____ To: _____
Month/Year Month/Year
Salary: _____
Start End
Job Title: _____
Job Duties & Responsibilities: _____
Reason for Leaving: _____
Supervisor's Name: _____
DO NOT CONTACT: _____ Reason: _____

4. Employer: _____
Address: _____
Telephone No. () _____
Employed: From: _____ To: _____
Month/Year Month/Year
Salary: _____
Start End
Job Title: _____
Job Duties & Responsibilities: _____
Reason for Leaving: _____
Supervisor's Name: _____
DO NOT CONTACT: _____ Reason: _____

EMPLOYMENT HISTORY: (Cont'd.)

Has any of the following happened to you in the last ten (10) years? (Please circle **YES** or **NO**)

Code:

- 1 - Fired from job **Yes** **No**
- 2 - Quit a job after being told you would be fired **Yes** **No**
- 3 - Left a job by mutual agreement following allegations of misconduct **Yes** **No**
- 4 - Left a job by mutual agreement following allegations of unsatisfactory performance **Yes** **No**
- 5 - Left a job for any other reasons under unfavorable circumstances **Yes** **No**

For any YES answers, use the numbers above under "code" to explain the reason your employment was ended.

Date (Month/Year)	Code	Employer's Name, Address & Phone Number

If "Yes", begin with the most recent occurrence and go backwards, providing date fired, quit, or left, employer identify and a detailed explanation for each instance.

Provide all details below (use more pages as needed):

MILITARY SERVICE:

If you have ever served in any branch of the Armed Forces, including the Reserves or National Guard, complete the following:

- Branch: _____
- Place & Date of Discharge: _____
- Any Special Training or Skills: _____
- Duties Performed: _____
- Reserve Obligations - (List Branch & Unit): _____
- Type of Discharge: _____

GENERAL INFORMATION: (Please circle **YES** or **NO**)

- Are you under 18 years of age? **Yes** **No**
- Have you ever applied here before? **Yes** **No**
If yes, when: _____
- Have you ever worked here before? **Yes** **No**
If yes, when and why did you leave? _____

- Are you a United States citizen? **Yes** **No**
- If not a United States citizen, are you authorized to work in the United States? **Yes** **No**

YOU WILL BE REQUIRED TO PRODUCE DOCUMENTATION TO ESTABLISH YOUR IDENTITY AND YOUR AUTHORIZATION TO WORK IN THE UNITED STATES IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

- Do you possess a valid driver's license? **Yes** **No**
- Country of issue: _____ State of issue: _____

As a condition of employment or volunteer service the school district is required by law to obtain Criminal Offender Record Information for any employee, individual who regularly provides school related transportation, or volunteer who may have direct and unmonitored contact with children.

Person to be notified in case of emergency:

Name: _____

Address: _____

Telephone No: _____

PROFESSIONAL REFERENCES:

<u>Name</u>	<u>Official Position</u>	<u>Address</u>	<u>Telephone No.</u>
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1.) _____

2.) _____

3.) _____

PERSONAL REFERENCES: (Not former employers or relatives)

<u>Name</u>	<u>Occupation</u>	<u>Address</u>	<u>Telephone No.</u>
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1.) _____

2.) _____

AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS **CAREFULLY**

I hereby affirm that I have read and understand this application and that the information which I have provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that any omission or falsified information may disqualify me from further consideration for employment and may be considered justification for my immediate **dismissal** if discovered at a later date.

I hereby authorize all persons, schools, current employer(s) (if applicable) and previous employers and other organizations named in this application (and accompanying resume, if any) to provide the Franklin County Technical School District with any relevant information that may be helpful in arriving at an employment decision. I hereby release, indemnify and hold harmless said persons and entities and the Franklin County Technical School District from any and all liability for providing and/or using this information.

Signature

Date