



Gloucester Public Schools

2 Blackburn Drive, Gloucester, MA 01930

APPLICATION FOR EMPLOYMENT

The Gloucester Public Schools is an equal opportunity employer. We recruit, hire, train, and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation, disability, or other protective classification.

PLEASE PRINT ALL REQUIRED INFORMATION

Date Completed _____

EMPLOYMENT DESIRED

POSITION OR TYPE OF WORK:

SEEKING:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> FULL TIME | <input type="checkbox"/> AFTER SCHOOL PROGRAM | <input type="checkbox"/> DAY |
| <input type="checkbox"/> PART TIME; SPECIFY DAY &
HRS. PER WEEK _____ | <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> EVENING |
| <input type="checkbox"/> SUBSTITUTE | <input type="checkbox"/> SUMMER PROGRAM | <input type="checkbox"/> NIGHT |
| | | <input type="checkbox"/> VOLUNTEER |

Please prioritize your geographical preference(s) by numbering the boxes for locations to work.
1 means the most desired position; 9 equals the least desired location

- | | | | | |
|--|---|--|------------------------------------|--|
| <input type="checkbox"/> Gloucester High | <input type="checkbox"/> O'Maley Middle | <input type="checkbox"/> Beeman Memorial | <input type="checkbox"/> Plum Cove | <input type="checkbox"/> East Gloucester |
| <input type="checkbox"/> West Parish | <input type="checkbox"/> Veterans' Memorial | <input type="checkbox"/> Administration | <input type="checkbox"/> Preschool | |

PERSONAL INFORMATION

LAST NAME FIRST MIDDLE OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN

ADDRESS (NO. STREET) CITY STATE ZIP

TELEPHONE NUMBER ALTERNATE NO. WHERE YOU MAY BE CONTACTED SOCIAL SECURITY NO.

() ()

ARE YOU 18 YEARS OF AGE OR OLDER: YES NO

DO YOU HAVE A LEGAL RIGHT TO WORK IN THE US?

YES NO

YOU WILL BE REQUIRED TO FURNISH PROOF OF LAWFUL WORK

STATUS IF YOU ARE EXTENDED A JOB OFFER.

HOW DID YOU LEARN ABOUT US:

Newspaper Ad (Please Specify) _____

Employment Agency (Please Specify) _____

Other Internet Jobsite (Please Specify) _____

Employee Referral (Please Specify) _____

Other (Please Specify) _____

LIST ANY RELATIVES WHO ARE CURRENTLY EMPLOYED BY OUR FACILITY:

NAME RELATIONSHIP DEPARTMENT

PLEASE LIST YOUR JOB HISTORY FOR THE PAST TEN YEARS OR LAST FOUR EMPLOYERS, STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT AND NOTING ANY PERIODS IN WHICH YOU WERE NOT EMPLOYED IN THE SECTION MARKED "ADDITIONAL INFORMATION". PLEASE INCLUDE MILITARY SERVICE; DO NOT INCLUDE INTERNSHIPS.

EMPLOYMENT HISTORY

FROM (MONTH/YEAR) <hr/> TO (MONTH/YEAR) <hr/> LAST SALARY <hr/>	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ <hr/>	IMMEDIATE SUPERVISOR NAME _____ ADDRESS _____ PHONE _____ <hr/>
IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO STATUS <input type="checkbox"/> F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> AS NEEDED POSITION/TITLE: _____ DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____ <hr/> REASON FOR LEAVING: _____ <hr/>		

FROM (MONTH/YEAR) <hr/> TO (MONTH/YEAR) <hr/> LAST SALARY <hr/>	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ <hr/>	IMMEDIATE SUPERVISOR NAME _____ ADDRESS _____ PHONE _____ <hr/>
IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO STATUS <input type="checkbox"/> F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> AS NEEDED POSITION/TITLE: _____ DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____ <hr/> REASON FOR LEAVING: _____ <hr/>		

FROM (MONTH/YEAR) <hr/> TO (MONTH/YEAR) <hr/> LAST SALARY <hr/>	NAME & ADDRESS OF EMPLOYER NAME _____ ADDRESS _____ <hr/>	IMMEDIATE SUPERVISOR NAME _____ ADDRESS _____ PHONE _____ <hr/>
IF PRESENT EMPLOYER, MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO STATUS <input type="checkbox"/> F.T. <input type="checkbox"/> P.T. <input type="checkbox"/> AS NEEDED POSITION/TITLE: _____ DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES: _____ <hr/> REASON FOR LEAVING: _____ <hr/>		

EDUCATION

HIGHEST GRADE COMPLETED 9 10 11 12 1 2 3 4 MA MS PHD NBTC CAGS
HIGH SCHOOL COLLEGE POST GRADUATE

NAME OF SCHOOL LAST ATTENDED _____ YEAR GRADUATED _____

LICENSE, VOCATIONAL OR TRADE TRAINING _____ YEAR GRADUATED _____

AREA OF STUDY _____

PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION

The Gloucester Public Schools requires that all registered, licensed, and certified employees submit proof of same to his/her employer.
Copies required upon employment.

TYPE OF LICENSE, REGISTRY OR CERTIFICATION	ISSUING STATE OR ORGANIZATION	NUMBER	EXPIRATION DATE

IF NOT CURRENTLY REGISTERED, LICENSED OR CERTIFIED, ARE YOU ELIGIBLE? YES NO

IS YOUR LICENSE CURRENTLY UNDER SUSPENSION AND/OR INVESTIGATION? YES NO

IF SO, PLEASE EXPLAIN _____

ADDITIONAL INFORMATION

PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD BE APPLICABLE; e.g., INTERNSHIPS, VOLUNTEER WORK, MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS, ADDITIONAL RELEVANT EMPLOYMENT, AND EXPLANATION OF ANY GAPS IN EMPLOYMENT. EXCLUDE ANY INFORMATION WHICH WOULD DENOTE RACE, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, RELIGIOUS, OR POLITICAL AFFILIATIONS.

APPLICANT'S RELEASE AND CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that the foregoing will be verified in order to expedite my application for employment with the Gloucester Public Schools. I hereby authorize the Gloucester Public Schools to conduct a full investigation into my background.

I authorize the Gloucester Public Schools to obtain my previous work records, employment records, character references, and any other information concerning character, ability, habits, and all other necessary information. Further, I grant authority to the keeper of these records to release said records to the Gloucester Public Schools for the purpose of making its hiring decision. I agree that the Gloucester Public Schools shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions, or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I understand that unless I attain permanent status pursuant to MGL Chapter 31 or am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both the Commonwealth of Massachusetts and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

EEO POLICY

The Gloucester Public Schools maintains a policy of non-discrimination for all employees and applicants in every facet of the company's operations. In compliance with federal and state laws, the Gloucester Public Schools hires, trains, and promotes all qualified employees without unlawful discrimination on the basis of race, color, sex, sexual orientation, age, religion, marital status, citizenship, national origin, physical or mental handicap. This policy also applies to disabled veterans of the Vietnam Era.

Pursuant to the Immigration Reform and Control Act, the Gloucester Public Schools will employ only those individuals who are eligible to work in the United States. Accordingly, upon hiring, all new employees will be required to demonstrate their eligibility to work in the United States. Failure to do so will result in termination or revocation of the offer of employment.

It is unlawful in Massachusetts to require or administrator 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 penalties.

I certify that the information furnished in this application and any supporting documents is true and complete to the best of my knowledge and belief, and I understand that any misrepresentation or omission of material fact on this or on any other record submitted pertinent to employment will constitute grounds for immediate termination.

I certify that I have read, understand, and will adhere to the aforementioned statements.

Signature of Applicant _____ Date _____

INTERVIEWED BY _____
NAME DATE

INTERVIEWED BY _____
NAME DATE

REQUISITION # _____



