



# 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 &<br>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<br>East Gloucester | <input type="checkbox"/> O'Maley Middle     | <input type="checkbox"/> Beeman Memorial | <input type="checkbox"/> Plum Cove | <input type="checkbox"/> |
| <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)  | NAME & ADDRESS OF EMPLOYER | IMMEDIATE SUPERVISOR |
| TO (MONTH/YEAR)  | NAME _____                 | NAME _____           |
| ADDRESS _____  | ADDRESS _____              |                      |
| LAST SALARY _____  |                            | PHONE _____          |
| 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<br>POSITION/TITLE: _____ |                            |                      |
| DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES:<br>_____<br>_____  |                            |                      |
| REASON FOR LEAVING:<br>_____<br>_____  |                            |                      |

|  |                            |                      |
|--|----------------------------|----------------------|
| FROM (MONTH/YEAR)  | NAME & ADDRESS OF EMPLOYER | IMMEDIATE SUPERVISOR |
| TO (MONTH/YEAR)  | NAME _____                 | NAME _____           |
| ADDRESS _____  | ADDRESS _____              |                      |
| LAST SALARY _____  |                            | PHONE _____          |
| 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<br>POSITION/TITLE: _____ |                            |                      |
| DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES:<br>_____<br>_____  |                            |                      |
| REASON FOR LEAVING:<br>_____<br>_____  |                            |                      |

|                   |                            |                      |
|-------------------|----------------------------|----------------------|
| FROM (MONTH/YEAR) | NAME & ADDRESS OF EMPLOYER | IMMEDIATE SUPERVISOR |
| TO (MONTH/YEAR)   | NAME _____                 | NAME _____           |
| ADDRESS _____     | ADDRESS _____              |                      |

LAST SALARY

PHONE

IF PRESENT EMPLOYER, MAY WE CONTACT?  YES  NO STATUS  F.T.  P.T.  AS NEEDED  
POSITION/TITLE:

DESCRIBE YOUR PRINCIPAL DUTIES OR RESPONSIBILITIES:

REASON FOR LEAVING:

**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 # \_\_\_\_\_