



## SOUTHBRIDGE PUBLIC SCHOOLS EMPLOYMENT APPLICATION

41 Elm Street  
Southbridge, MA 01550  
Phone: (508) 764-5414  
Fax: (508) 764-8325

[www.southbridge.k12.ma.us](http://www.southbridge.k12.ma.us)

POSITION PREFERENCE			
	ELEMENTARY	SECONDARY	OTHER
Certification Required Employment	<input type="checkbox"/> Pre-K <input type="checkbox"/> K - 1 <input type="checkbox"/> 2 - 3 <input type="checkbox"/> 4 - 5 Subject (if applicable): _____	<input type="checkbox"/> 6 - 8 <input type="checkbox"/> 9 - 12 Subject : _____	<input type="checkbox"/> Guidance, Psychologist, Social Worker, Special Ed, etc: _____
Non-Certification Required Employment	<input type="checkbox"/> Paraprofessional <input type="checkbox"/> Clerical Support <input type="checkbox"/> Maintenance <input type="checkbox"/> Cafeteria	<input type="checkbox"/> Day-to-Day Substitute <input type="checkbox"/> Coaching <input type="checkbox"/> Custodial	Special Education applicants designate area (s) of specialization: _____

PERSONAL INFORMATION				
NAME	(LAST)	(FIRST)	(MAIDEN)	(M)
ADDRESS (STREET)			TELEPHONE NUMBER	
			(                    )	
(CITY)	(STATE)	(ZIP CODE)	CELL PHONE NUMBER	
			(                    )	
EMAIL ADDRESS				
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<small>(Proof of U.S. citizenship or legal authorization to work in the United States will be required upon hiring, pursuant to applicable federal law.)</small>				
Have you retired from a public sector position (i.e. municipal, state or public school)?				
<input type="checkbox"/> Yes, Please Provide Retirement System: _____ <input type="checkbox"/> No				

CERTIFICATION	
(FOR CERTIFICATION REQUIRED EMPLOYMENT ONLY)	
Are you presently certified in Massachusetts? <input type="checkbox"/> Yes <input type="checkbox"/> No   Expiration Date ___/___/___	
<input type="checkbox"/> Initial <input type="checkbox"/> Provisional <input type="checkbox"/> Professional	
LIST CERTIFICATIONS	
License #	Area
List all other states in which you are currently certified:	

**EDUCATIONAL EMPLOYMENT EXPERIENCE****(FOR CERTIFICATION REQUIRED WORK ONLY)**Please list professional experience beginning with most recent.  
Include any para educator or substitute teaching and indicate as such.

Dates From / To	Name and Location of School	Grade / Subject	Total Years	Salary

**STUDENT TEACHING / INTERNSHIP****(FOR CERTIFICATION REQUIRED WORK ONLY)**

Dates From / To	Name and Location of School	Cooperating Teacher	Grade Level / Subject

**OTHER WORK EXPERIENCE****(FOR CERTIFICATION REQUIRED WORK ONLY)***(Business, trades, summer occupations)*

Dates From / To	Firm or Institution	Nature of Work	PT	FT

**EMPLOYMENT EXPERIENCE****(FOR NON-CERTIFICATION REQUIRED WORK ONLY)**Please list prior employment experience beginning with most recent.  
Include summer and part-time work, and any periods of unemployment. You may include in your work history verified work performed on a volunteer basis.

Dates From / To	Name and Location of Employer	Position	Total Years	Hourly or Weekly Salary

**MILITARY SERVICE**

Branch	Assignment	Dates From / To

### EDUCATION CREDENTIALS

(Do not answer if not relevant to the requirements of the position for which you are applying)

SCHOOL / UNIVERSITY	NATURE OF STUDIES			
HIGH SCHOOL Name: Town / State:				Graduation Date
UNDERGRADUATE COLLEGE Name: Town / State:	Major	Minor	No. of Credits	Graduation Date
				Degree Earned
GRADUATE COLLEGE Name: Town / State:	Major	Minor	No. of Credits	Graduation Date
				Degree Earned
OTHER GRADUATE WORK Name: Town / State:	Major	Minor	No. of Credits	Graduation Date
				Degree Earned

Honors, Scholarships, Publications or other distinctions received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES:

Provide the names of three persons who have closely observed your work as a professional or as a student. Recommendations by present or former superintendents, principals and other supervisors are preferred. Beginning teachers will please include student teaching supervisor's name.

Name	Address	Phone Number	Relationship to the Applicant

**APPLICANT'S ACKNOWLEDGMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING.**

If you have any questions regarding this statement, please ask them before signing.

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 liabilities.

In the event of employment to a position with the District, I will comply with all the rules and regulations as set forth by District policy or other communications distributed to all employees, which may be changed without notice at the discretion of the District.

I hereby authorize my present and/or former employers, educational institutions and references to disclose to the District any and all information concerning my previous employment and any other pertinent information they may have, and I release all parties from any liability whatsoever resulting from such disclosure.

I understand and agree that if I am offered employment, it will be as an employee-at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice at the option of either the District or myself. Any agreement to the contrary must be in writing and must expressly state that it is a contract and be signed by the Appointing Authority.

I agree that except at the request and for the benefit of the District, I will not disclose to anyone or use for my own purposes any of the District's confidential or proprietary information, either during or after my employment.

If applicable to the position, I understand that I may be required to provide proof of having a driving record acceptable to the District and/or to the District's insurance carrier, and, if employed, I understand that I will be required to maintain a valid driver's license and continue to provide proof of having an acceptable driving record.

I also understand that an offer of employment may be contingent on the results of a physical examination by a designated physician relative to the essential functions of the job.

I understand that if I am selected for a position with the Southbridge Public Schools, my consideration for employment will be pending the successful completion of a Criminal Offender Record Information ("CORI") check.

I CERTIFY THAT I HAVE MADE TRUE, CORRECT, AND COMPLETE ANSWERS AND STATEMENTS ON THIS APPLICATION IN THE KNOWLEDGE THAT THEY MAY BE RELIED UPON IN CONSIDERING MY APPLICATION. I UNDERSTAND THAT ANY OMISSION OR FALSE ANSWERED STATEMENT MADE BY ME ON THIS APPLICATION, OR ANY SUPPLEMENT TO IT, WILL BE SUFFICIENT GROUNDS FOR FAILURE TO EMPLOY OR FOR MY DISCHARGE SHOULD I BECOME EMPLOYED BY THE SCHOOL DISTRICT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

The Southbridge Public Schools is an Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry, sexual orientation as defined by law, or on the basis of age as defined by law, disability, military status or genetic information. No question on this Employment Application is intended to secure information to be used for such purpose. This Employment Application will be given every consideration, but its receipt does not imply that the applicant will be employed.