

Auburn Charlton Dudley North Brookfield Oxford Paxton
 Rutland Southbridge Spencer Webster
Bay Path Regional Vocational Technical High School
 57 Old Muggett Hill Road, Charlton, Massachusetts 01507

Date Filed: _____

Application For Employment



As an Equal Opportunity Employer, the School is in compliance with Federal Regulations Title IX, Section 504 and Commonwealth of Massachusetts regulations under Chapter 622 of the Acts of 1971. The district does not discriminate on educational opportunities, admissions, recruitment, hiring, or employment practices on account of race, color, sex, origin, handicap, or national origin

Position Desired: _____ Academic: _____ Vocational: _____

Name (Please print) _____
 Last First Middle

Address _____
 Number and Street City State Zip

Social Security No. _____ Military Obligation Status _____

May we inquire your present employer Yes No _____
 Release of information signature

Tel. No. (Home) _____ (Cell) _____ (E-mail Address) _____

Vocational/Academic Licensing

Vocational License Number	Shop Area/Field (Level)	Date of License
_____	_____	_____
Academic License Number	Subject Area (Level)	Date of License
_____	_____	_____

Have you filed an application here before? Yes No If, Yes, give Date _____

Have you ever been employed here before? Yes No If, Yes, give Date _____

Are you employed now? Yes No May we contact your present employer Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration Status?
 (proof of citizenship or imigration status may be required upon employment) Yes No

On what date will you be available to work? _____

Are you available to work: Full-Time Part-time Shift Work Temporary

Are you on lay-off and subject to recall? Yes No

Employment Experience

Start with your present or last job. Include military service assignment and volunteer activities.
 Exclude organization names which indicates race, color, religion, sex or national origin.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address	Telephone ()			
	Job Title	Telephone ()	Hourly Rate/Salary		
			Starting	Final	
	Supervisor	Telephone ()			
	Reason For Leaving	Telephone ()	Dates Employed		
			From	To	
2	Employer	Telephone ()			Work Performed
	Address	Telephone ()	Hourly Rate/Salary		
			Starting	Final	
	Job Title	Telephone ()			
	Supervisor	Telephone ()	Dates Employed		
			From	To	
	Reason For Leaving	Telephone ()			
3	Employer	Telephone ()	Hourly Rate/Salary		Work Performed
			Starting	Final	
	Address	Telephone ()			
	Job Title	Telephone ()	Dates Employed		
			From	To	
	Supervisor	Telephone ()			
	Reason For Leaving	Telephone ()	Hourly Rate/Salary		
			Starting	Final	
4	Employer	Telephone ()			Work Performed
	Address	Telephone ()	Dates Employed		
			From	To	
	Job Title	Telephone ()			
	Supervisor	Telephone ()	Hourly Rate/Salary		
			Starting	Final	
	Reason For Leaving	Telephone ()			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Education

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received

State any additional information you feel may be helpful to us in considering your application.

PROFESSIONAL REFERENCES Knowledge of Your Work Experience

NAME ADDRESS POSITION #YRS. TELEPHONE #

1. _____
2. _____
3. _____

Have you ever had a teaching license revoked or suspended in any Commonwealth or State at any time? Yes No

Have you ever been dismissed from a teaching or school administration position? Yes No

Are you interested in (please check one of the following)

Full-Time Teaching Substitute Teaching Part-Time Teaching Evening School Teaching

List membership in professional or trade organizations _____

Interests, Hobbies, and Leisure Activities _____

List extra-curricular activities you could direct _____

If appointed to a teaching position, I recognize that I must complete Professional Improvement as approved by the Superintendent-Director.

I hereby certify that I have read the above carefully, and the statements I have made in this application are correct.

Date _____ Signature _____

Note: Any other information that you would feel helpful in your application, please enclose. Applicants must have a current resumé, **Copies of license and transcripts if applicable and 3 letters of reference.**

Personnel Department Only

Arrange Interview Yes No

Remarks _____

Employed Yes No

INTERVIEWER _____

DATE _____

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Department _____ By _____ Date _____

Name and Title