



H AVERHILL PUBLIC SCHOOLS
EMPLOYMENT APPLICATION

Application of

Ms., Mrs., Mr. _____
(First) (Middle) (Last)

Address: _____
Number Street Apt. #

City State Zip

Telephone No.: _____ Cell Phone No.: _____

Social Security No.: _____ Maiden Name: _____

E-mail: _____

Application is for:

___ Full-time ___ Part-time ___ Substitute ___ Summer

Position(s) For Which You Are Applying:

- | | | |
|--|--------------------------|----------------------------------|
| ___ Administrator _____ | ___ Clerical _____ | ___ Maintenance Department _____ |
| ___ Teacher _____ | ___ Bus Driver _____ | ___ Technology Department _____ |
| ___ Specialist _____ | ___ Bus Monitor _____ | ___ Cafeteria Department _____ |
| ___ Nurse _____ | ___ Crossing Guard _____ | ___ Athletic Department _____ |
| ___ Paraprofessional/Clerical _____ | ___ Lunch Monitor _____ | ___ Other _____ |
| ___ Paraprofessional/Instructional _____ | ___ Custodian _____ | |
| ___ Paraprofessional/Special Education _____ | ___ Security Guard _____ | |

Civil Service Status: (If Applicable)

Have you taken an examination? ___ Yes ___ No

Title of exam: _____ Date: _____ Score: _____

Are you receiving a Massachusetts Retirement or Disability pension? ___ Yes* ___ No

**If yes, please note your income is limited according to M.G.L. c. 32 § 91(b) & (c) and you can not work more than 960 hours in the service of the Commonwealth or a political subdivision thereof in a calendar year.*

City Employment

Have you ever been employed by the Haverhill Public Schools or the City of Haverhill? ___ Yes ___ No

If yes, indicate department: _____
Department / Position Date of Employment Supervisor

Department / Position Date of Employment Supervisor

EDUCATION					
Type	School	City, State	Specialization or Nature of Course Completed	Degree/Diploma	Date Graduated
HIGH SCHOOL					
VOCATIONAL					
ASSOCIATES					
BACHELORS					
MASTERS					
OTHER					
OTHER					

LICENSURE/CERTIFICATIONS				
State Issued	Number	Subject Area/Field	Level	Date Expires

It is the responsibility of the applicant to submit, if applicable, transcripts of college records, licenses and certifications.

WORK EXPERIENCE <i>List in chronological order with most recent first.</i>						
From	To	Place of Employment	Location	Phone Number	Position	Yearly/Hourly Base Salary
Mo.	Yr.					\$
						\$
		Reason for Leaving:				
						\$
		Reason for Leaving:				
						\$
		Reason for Leaving:				
						\$
		Reason for Leaving:				

STUDENT TEACHING, PRACTICUM, & INTERNSHIP EXPERIENCE – <i>First Year Teachers Only</i>					
From	To	School	Location		Grade Levels Subjects Taught
Mo.	Yr.		Town/City	State	

MILITARY SERVICE <i>Active Duty</i>						
From		To		Branch of Service/Nature of Work	Rank	Number of Years Months
Mo.	Yr.	Mo.	Yr.			

REFERENCES <i>Please do not list relatives. At least two must be job-related.</i>					
Full Name (First) (Last)		Official Position	No. Street	Present Address City/Town State	Telephone No.

CITIZENSHIP
Are you a U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not a citizen of the United States of America, are you legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please note that documentation is required.</i>

SKILLS							
	Please Indicate Level - Circle				Please Indicate Level - Circle		
Microsoft Word	Basic	Intermediate	Expert	Apple Pages	Basic	Intermediate	Expert
Microsoft Excel	Basic	Intermediate	Expert	Apple Numbers	Basic	Intermediate	Expert
Microsoft Outlook	Basic	Intermediate	Expert	Apple Mail	Basic	Intermediate	Expert
Microsoft Powerpoint	Basic	Intermediate	Expert	Apple Keynotes	Basic	Intermediate	Expert
Aspen X2	Basic	Intermediate	Expert	Other: _____	Basic	Intermediate	Expert
BudgetSense	Basic	Intermediate	Expert	Other: _____	Basic	Intermediate	Expert

STATEMENT OF CANDIDACY

Write a brief statement to give additional information regarding your candidacy, to include:

For Instructional Staff: Your philosophy of education, professional aspirations, personal approach to teaching, skills and demonstrated competencies that you believe will impact and/or contribute to the educational process in the Haverhill Public Schools.

For Non-Instructional Staff: Your personal aspirations and interest in the Haverhill School District as well as how you believe your personal skills and competencies will have a positive impact and/or contribute to the educational process of the Haverhill Public Schools.

I hereby certify that the facts set forth in the above employment application are true and complete. I understand that if employed, falsified statements, omission or misrepresentation of fact on this application may be considered sufficient cause for refusal of hire or immediate dismissal. I authorize the Haverhill Public Schools to make any investigation of my personal history. I authorize all previous employers or other persons who have knowledge of me, or my records, to release such information to the Haverhill Public Schools.

Date: _____ Applicant's Signature: _____

The Haverhill Public Schools is an Equal Opportunity/Affirmative Action Employer and is in compliance with Federal regulations prohibiting discrimination in employment on the basis of race, color, religion, national origin, age, gender, gender identity or expression, sexual orientation, or disability.

Please submit application to: **Haverhill Public Schools
Human Resource Department
4 Summer Street – Room 104
Haverhill, MA 01830**

FOR OFFICE USE ONLY

<p>Verification Checklist</p> <p>___ Official Transcripts ___ Copy of Transcripts</p> <p>___ Degree _____</p> <p>___ MA DESE License # _____</p> <p>Area _____ Temp Prelim. Initial Prof. Other Area _____ Temp Prelim. Initial Prof. Other</p> <p>___ DPL or DPH License # _____</p> <p>Area _____</p> <p>___ ESP - ParaPro Assessment _____</p> <p>___ Bus Drivers: ___ 7D ___ CDL</p> <p>___ MEPID # _____</p> <p>Highly Qualified Y or N # of Years Teaching _____</p> <p>Documents:</p> <p>___ Policy Packet Tobacco Use on School Property, Drug-Free Workplace, Internet Policy, Non-Discrimination & Harassment, Ethics Policy</p> <p>___ Ethics On-Line Training Confirmation Page</p> <p>___ DESE Mandatory Packet</p> <p>Personnel Checklist:</p> <p>Classification: _____ Step: _____ Salary \$ _____</p> <p>Prorated: Yes or No Unit _____ Non-Unit _____</p> <p>Daily \$ _____ Hourly \$ _____</p> <p>Start Date: _____</p> <p>FTE: ___ .25 ___ .50 ___ .75 ___ 1.0 Other _____</p>	<p>Additional Documents:</p> <p>___ Letters of Reference (1)___(2)___(3)___</p> <p>___ Reference Checks (1)___(2)___(3)___</p> <p>___ Health Certificate</p> <p>___ CORI Check – Date: Submitted _____ Received _____</p> <p>___ Fingerprint Acknowledgement</p> <p>___ Fingerprint Check - Date: Submitted _____ Received _____</p> <p>___ W-4 Form</p> <p>___ I-9 Form (with copy of supporting documents)</p> <p>___ Direct Deposit with Voided Check/Paperless Direct Deposit</p> <p>___ Union Enrollment Form (Teachers, ESPs, Principal Clerks)</p> <p>___ Technology-Network Account Request Form</p> <p>___ School Spring Packet</p> <p>___ Social Security Form</p> <p>___ Emergency Information/Alert Now Form</p> <p>___ ING (Part Time &Substitutes Only)</p> <p>___ Substitute Questionnaire (Substitutes Only)</p> <p>___ Haverhill City Retirement (Perm. Non Unit Emp. w/ Birth Cert.)</p> <p>Funding: _____</p> <p>Resp. Center _____</p> <p>Code: _____</p> <p>Business Manager: _____</p> <p>Predecessor: _____</p> <p>Position: _____ Location: _____</p> <p><u>Date of Orientation:</u> _____</p> <p><u>Input of Information:</u></p> <p>[] X2 _____</p> <p>[] BS _____</p> <p>[] RETIREMENT _____</p> <p>[] E-MAIL _____</p>
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