Ms., Mrs., Mr.:			
(First)	(Middle)	(Last)	
Address:			
(Street)		(Apt. #)	
(City)	(State)	(Zip)	
Telephone No.:	Cell Phone	Cell Phone No.:	
Email:	Maiden Name:		
Social Security No.:	Bilingual: YES / NO Languages:		
Student Statement:			
omission or misrepresentation of fact on this commediate dismissal. I authorize the Haverhill previous employers or other persons who have Public Schools. Date: Students'	l Public Schools to make any investiga	tion of my personal history. I authorize all elease such information to the Haverhill	
not discriminate on the basis of race, color, re	ligion, national origin, sex, gender iden ility. Every available opportunity will	gnity of all people and of their labors and does ntity, sexual orientation, age, genetic be taken in order to assure that each applicant	
	FOR OFFICE USE ONLY		
Placement Questionnaire (Confidentiality Agreement	CORI - Date Rec'd	
Fingerprints - Date Rec'd	Suitability Letter - Date Rec'o	d Date of FP	
Start Date School _		School Brains (if applicable)	
0 11 0 00	r a paid position a different application place, i.e. Merrimack Fellows, etc.	on process must be followed; this includes	