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**HAVERHILL PUBLIC SCHOOLS**

EMPLOYMENT APPLICATION

Ms., Mrs., Mr.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (Apt. #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip)

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bilingual: YES / NO Languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *Application is for: School Spring Posting# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |  |
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| \_\_\_ Full-time | \_\_\_ Part-time | \_\_\_ Substitute | \_\_\_ Summer |

* *Position(s) For Which You Are Applying:*

|  |  |  |
| --- | --- | --- |
| \_\_\_ Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Crossing Guard | \_\_\_ Paraprofessional/Special Ed |
| \_\_\_ Athletic Department | \_\_\_ Custodian | \_\_\_ Security Specialist |
| \_\_\_ Bus Driver | \_\_\_ Lunch Monitor | \_\_\_ Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ Bus Monitor | \_\_\_ Maintenance Department | \_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ Cafeteria | \_\_\_ Nurse | \_\_\_ Technology Department |
| \_\_\_ Clerical | \_\_\_ Paraprofessional/Instructional | \_\_\_ Therapist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Applicant Statement:***

*I hereby certify that the facts set forth in this 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Employment Application Statement:***

*The Haverhill Public Schools subscribe to the fullest extent to the principle of the dignity of all people and of their labors and does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, age, genetic information, ancestry, military status, or disability.  Every available opportunity will be taken in order to assure that each applicant for a position is selected on the basis of qualifications, merit and ability.*

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| --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | |
| Type | School | City, State | Major | Degree/Diploma | Date Graduated |
| High School |  |  |  |  |  |
| Vocational |  |  |  |  |  |
| Associates |  |  |  |  |  |
| Bachelors |  |  |  |  |  |
| Masters |  |  |  |  |  |
| Other |  |  |  |  |  |

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

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| **WORK EXPERIENCE** *List in chronological order with most recent first. DO NOT state “see resume”* | | | | | | |
| **From** | **To** | **Place of Employment** | **Location** | **Phone Number** | **Position** | |
| **Mo. Yr.** | **Mo. Yr.** |  |  |  |  | |
|  |  | ***Reason for Leaving:*** |  |  |  |  |
| **Mo. Yr.** | **Mo. Yr.** |  |  |  |  | |
|  |  | ***Reason for Leaving:*** |  |  |  |  |
|  | | | | | | |
| **COACHING EXPERIENCE** *List in chronological order with most recent first. DO NOT state “see resume”* | | | | | | |
| **From** | **To** | **Place of Employment** | **Location** | **Phone Number** | **Position** | |
| **Mo. Yr.** | **Mo. Yr.** |  |  |  |  | |
|  |  | ***Reason for Leaving:*** |  |  |  |  |
| **Mo. Yr.** | **Mo. Yr.** |  |  |  |  | |
|  |  | ***Reason for Leaving:*** |  |  |  |  |
| **Mo. Yr.** | **Mo. Yr.** |  |  |  |  | |
|  |  | ***Reason for Leaving:*** |  |  |  |  |

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| **MILITARY SERVICE** *Active Duty* | | | | | | | | | |
| From | | To | | | Branch of Service/Nature of Work | | Rank | Number of Years & Months | |
| Mo. | Yr. | Mo. | | Yr. |
|  |  |  | |  |  | |  |  | |
| **REFERENCES**  *Please do not list relatives. At least two must be job-related.* | | | | | | | | | |
| Full Name | | | Official Position | | | Present Address  No. Street City/Town State | | | Telephone No. |
|  | | |  | | |  | | |  |
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| **CITIZENSHIP** |
| Can you present proof, if hired, that you are eligible to work in the United States? YES \_\_\_\_ NO \_\_\_\_ |

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| ***Civil Service Status:*** *(If Applicable)*  Have you taken the Civil Service examination? YES \_\_\_\_ NO \_\_\_\_  Title of exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Score: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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 cannot work more tan 1200 hours in the service of the Commonwealth or a political subdivision thereof in a calendar year.* |

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| **SKILLS** | | | |
|  | **Please Indicate Level - Circle** |  | **Please Indicate Level - Circle** |
| Microsoft Word | Basic Intermediate Expert | Google Suite | Basic Intermediate Expert |
| Microsoft Excel | Basic Intermediate Expert | Google Forms | Basic Intermediate Expert |
| Microsoft Outlook | Basic Intermediate Expert | Google Classroom | Basic Intermediate Expert |
| Microsoft PowerPoint | Basic Intermediate Expert | Teach Point | Basic Intermediate Expert |
| School Brains | Basic Intermediate Expert | Other: | Basic Intermediate Expert |
| Budget Sense | Basic Intermediate Expert | Other: | Basic Intermediate Expert |

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| **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. |

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| ***City Employment***  Have you ever been employed by Haverhill Public Schools or the City of Haverhill? YES \_\_\_\_ NO \_\_\_\_\_  If yes, indicate department and position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dept./Position Date of Employment Supervisor |

***FOR OFFICE USE ONLY***

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| **Verification Checklist:**  \_\_\_ Official Transcripts \_\_\_Copy of Transcripts  \_\_\_Degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ MA DESE License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ MEPID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp Prelim. Initial Prof. Other    Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temp Prelim. Initial Prof. Other  SEI Endorsement ( ) YES ( ) NO  \_\_\_ Mentor Induction Certificate  \_\_\_ DPL or DPH License#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ ESP - ParaPro Assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Bus Drivers: \_\_\_\_\_ 7D \_\_\_\_\_CDL  *\_\_\_ Reference Checks (1)\_\_\_(2)\_\_\_(3)\_\_\_*  **Personnel Checklist:**  Classification: \_\_\_\_\_\_\_ Step: \_\_\_\_\_\_ Salary $\_\_\_\_\_\_\_\_\_\_\_\_  Prorated: Yes or No Unit\_\_\_\_\_ Non-Unit\_\_\_\_\_\_  Daily $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FTE: \_\_\_.25 \_\_\_.50 \_\_\_.75 \_\_\_1.0 Other\_\_\_\_\_\_\_\_\_\_\_\_\_  Predecessor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ( ) SB \_\_\_\_\_\_\_\_\_\_\_ ( ) BS \_\_\_\_\_\_\_\_\_\_\_  ( ) Payroll ( ) Benefits    ( ) Technology ( ) Substitute List | **Document Checklist:**  *\_\_\_ School Spring Packet*  *\_\_\_ Letters of Reference (1)\_\_\_(2)\_\_\_(3)\_\_\_*  *\_\_\_ CORI Check – Date: Submitted\_\_\_\_\_\_\_\_\_ Received\_\_\_\_\_\_\_\_\_*  *\_\_\_ Fingerprint Acknowledgement*  *\_\_\_ Fingerprint Check - Date: Submitted\_\_\_\_\_\_\_ Received\_\_\_\_\_\_\_*  *\_\_\_ Suitability Letter Received – Date: \_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_ I-9 Form \_\_\_Passport or 2 ID’s*  *\_\_\_ W-4 Form*  *\_\_\_ Direct Deposit Form \_\_\_ Bank Letter or Voided Check*  *\_\_\_ Emergency/No School Contact Information*  *\_\_\_ Policy Packet*  *Tobacco Use on School Property, Drug-Free*  *Workplace, Internet Policy, Non-Discrimination &*  *Harassment, MCAD Pregnant Workers Fairness Act*  *\_\_\_ State Ethics Training Online \_\_\_\_\_ Acknowledgement*  *\_\_\_ DESE Mandatory Packet*  *\_\_\_ Social Security Form*  *\_\_\_ A.L.I.C.E. Acknowledgement*  *\_\_\_ EPIMS Race & Ethnicity Demographics (optional)*  \_\_\_Written Information Security Program (WISP) *\_\_\_ Substitute Handbook*  *\_\_\_ Substitute Questionnaire (Reasonable Assurance)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please submit application to:

**Haverhill Public Schools ~ C/O Human Resource Department**

**4 Summer Street – Suite 104 ~ Haverhill, MA 01830**