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# Haverhill Public Schools

## *Human Resource Department*

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### Contractor Placement Application Process

The following guidelines have been established for the placement of Contractors:

All Contractors ***MUST*** complete the Placement Questionnaire, Contractor Application, Confidentiality Agreement, Criminal Offender Record Information (CORI) form and Fingerprints or Suitability Letter. Attached please find said documents as well as information on how to schedule your fingerprint appointment. **Approved CORI and Fingerprints must be on file before a Contractor can start their placement.**

#### Overview of the Placement Process

1. Once a placement request has been approved by the appropriate department, the following needs to be submitted to Human Resources - Attention Mikaela Carrozza, Human Resource Specialist.
  - ☐ Placement Questionnaire
  - ☐ Contractor Application
  - ☐ Confidentiality Agreement
  - ☐ CORI Form (with colored copy of proper identification)
  - ☐ Fingerprints or Suitability Letter (if you've been fingerprinted for another district)
  - ☐ Emergency Contact Information
2. Once all required documentation is received, including CORI and Fingerprints, you will be notified that you are cleared to work with Haverhill Public Schools.

#### PLEASE RETURN YOUR COMPLETED PACKET DIRECTLY TO:

Mikaela Carrozza, HR Specialist (978-420-1912)  
Via email [mcarrozza@haverhill-ps.org](mailto:mcarrozza@haverhill-ps.org)

OR

4 Summer Street, Suite 104, Haverhill, MA 01830

Human Resources Checkbox:

School Brains \_\_\_\_\_ CORI \_\_\_\_\_ FP/Suitability \_\_\_\_\_ Notified Cleared \_\_\_\_\_



## **Contractor Placement Questionnaire**

Please check one: ☐ Individual Contractor

☐ \*Agency Contractor

### **PLEASE PRINT CLEARLY**

Contractor Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Name & Title of Agency Representative: \_\_\_\_\_

Representative Phone and Email Address: \_\_\_\_\_

Field/Area: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours Requested Per Week: \_\_\_\_\_

Schools: \_\_\_\_\_

### **TO BE COMPLETED BY HPS ADMINISTRATOR**

Access to Any HPS Computer Systems Needed? Y / N

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours Planned Per Week: \_\_\_\_\_

Funding Source: \_\_\_\_\_

*I hereby certify that I have completed the qualifications on the recommended contractor and that this is an approved placement.*

**Administrator Name (print):** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return the contractor application packet to Mikaela Carrozza, Human Resource Specialist. Once all documentation is received and processed, the Contractor and Administrator will be notified.

*\*HR to process once current contract verified with the Business Department*



**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#* \_\_\_\_\_

\_\_\_ 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.*

## **Contractor – Confidentiality Agreement**

### ***Student Records***

1. All student records maintained in the school must be private and secure. Computerized systems should be electronically secure.
2. Do not include students' names when emailing staff to discuss any sensitive issues. Any email containing a student's name will become part of the student's record.
3. School personnel should be informed of how to protect a student's privacy. Refer to DOE Protecting Students Privacy: Data Security: K-12 and Higher Education at <https://studentprivacy.ed.gov/security>
4. It is important that all information contained in a student's record is private and confidential.

### ***Family Educational Rights and Privacy Act (FERPA)***

1. Employees and volunteers must maintain appropriate confidentiality with respect to conversations and/or information relating to students, families, parents/guardians, faculty, administration, and colleagues.
2. Such information is required to be maintained in strict confidence.
3. Employees and volunteers are not to discuss such information outside the confines of the school building except on an authorized need to know basis in order to perform assigned duties. All business employee, volunteer, and student records, computerized data and related information are the property of Haverhill Public Schools.
4. Employees are not to copy, distribute, alter or modify such records, materials, computerized data or information unless authorized to do so.

### **Mandated Reporter**

#### ***MGL Chapter 119 - Section 51A Training***

#### ***Care and Protection of Children Under 18 (51A)***

1. School personnel are mandated reporters legally obligated to contact the Massachusetts Department of Children and Families (DCF).
2. If school personnel have reasonable cause to suspect physical or emotional abuse or substantial risk of harm/neglect they must follow DCF 51A reporting requirements.
3. Please consult with school principals, school nurses, guidance counselors, the Superintendent, or the Executive Director of Student Support Services for assistance if abuse or neglect is suspected.
4. The link of the DCF website contains the most current mandated reporter guidelines, as well as several resources for faculty and staff. <https://www.mass.gov/how-to/report-child-abuse-or-neglect-as-a-mandated-reporter>
5. When you suspect that a child is being abused and/or neglected, you should immediately telephone the DCF Area Office and ask for the screening unit.
6. Please note you are required by law to submit a written report within 48 hours. There is an online option available too. The 51A form is located at <http://www.Massachusetts-Dept.-of-Children-and-Families-DCF>.

Signing this documentation signifies your understanding and commitment to adhere to student confidentiality. Upon completion of my placement with the Haverhill Public Schools, I will continue to maintain student confidentiality.

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Contractor Name (print)

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Contractor Signature

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Date

**IMPORTANT!!  
COLOR COPY  
OF  
GOVERNMENT  
ISSUED ID  
MUST BE  
ATTACHED**

**HAVERHILL PUBLIC SCHOOLS**

**4 Summer Street Room 104  
Haverhill, MA 01830  
978-374-3400**

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

Haverhill Public Schools is registered under the provisions of M.G.L. c.6 § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, and volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicants, or current licensees, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Haverhill Public Schools to submit a CORI check for my information to the DJIS. The authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Haverhill Public Schools with written notice of my intent to withdraw consent to a CORI check. I also understand, that Haverhill Public Schools may conduct subsequent CORI checks within one year of the date of this form signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on this Acknowledgement Form is true and accurate.

**Signature of CORI Subject**

Date \_\_\_\_\_

**Please check one:**   ☐ **Current Employee**   ☐ **Prospective Employee**   ☐ **Subcontractor**   ☐ **Volunteer**   ☐ **Student**

**SUBJECT INFORMATION – PLEASE PRINT**

**School:** \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Former Last Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date Of Birth (MM/DD/YYYY): \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**Last Six (6) Digits Of Social Security Number:** \_\_\_\_\_ --- \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Of Issue: \_\_\_\_\_

Father's Full Name : \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

The information contained above was verified by reviewing the following form of government issued photographic identification (circle one): Driver's License      Passport      State ID      Military ID

Verified By: \_\_\_\_\_  
 Print Signature

School/Location: \_\_\_\_\_ Date: \_\_\_\_\_



**Haverhill Public Schools**  
**Fingerprinting Fulfillment Process**  
***IdentoGO Massachusetts***

1. To make an appointment for fingerprinting, Log onto <https://ma.state.identogo.com> or call 1-866-349-8130. **Walk ins are not accepted.**
  - Under Fingerprinting & Enrollment Services, click on Register for In-State Digital Fingerprinting Services
  - Agency/Sector > “Pre-K-12<sup>th</sup> Grade Education (ESE)”
  - Fingerprint Reason > “All Other School Personnel” or “Licensed Educator”
  - The Provider ID for Haverhill is 01280000. You may add up to 10 different school districts provider ID’s. Keep in mind all school districts entered would receive the fingerprint results.
  - **Be sure to print out your registration confirmation and bring it with you to your appointment.**
2. Arrive for your appointment with your printed registration confirmation and valid (not expired) Government issued ID.
3. Pay the appropriate fee of \$35 (All Other School Personnel) or \$55 (Licensed Educator) in person at time of appointment via credit card, bank or personal check, or money order. **Cash is not accepted.**
4. Trained Enrollment Agents will ensure that your paperwork is in order, take your fingerprints, process the request, and have you on your way!

Haverhill Public Schools will receive the results and contact you if additional information is needed. It’s important to retain your receipt for your records. Human Resources may request a copy of the receipt.

Please log onto <https://ma.state.identogo.com> or call 1-866-349-8130 with any questions that you may have. You may also contact the Haverhill Public Schools Human Resources Department at 978-374-3411.

**Please note:** If you have been fingerprinted for another MA School District within the past 7 years, you can ask that District to send Haverhill Public Schools a Determination of Suitability. Please have the suitability letter sent to: [diana.espinosa@haverhill-ps.org](mailto:diana.espinosa@haverhill-ps.org).

## ***Haverhill Public Schools – Emergency Notification***

*~Please Print~*

Employee Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## ***Haverhill Public Schools – Emergency/No School Notification***

Keeping you informed is a top priority in the Haverhill Public School System. That's why we have adopted an automated notification service, which allows us to send a telephone and e-mail message to you providing important information about school events or emergencies. We anticipate using this service to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including report card distribution, open house, field trips, and more.

**Please provide the following contact information to which you would like to receive notifications:**

**Home Phone #1:** \_\_\_\_\_

**Cell Phone #2:** \_\_\_\_\_

**Email Address #1:** \_\_\_\_\_