

Employment Application

Date:

Name: Address:

City/State:

Zip/Postal Code:

Date of Birth:

SS Number:

Daytime Phone:

Cell Phone:



Dover-Sherborn Public Schools
 157 Farm Street
 Dover, MA
 U.S.A.
 02030-1736
 Phone: (508) 785-0036
 Fax: (508) 785-2239
<http://www.doversherborn.org/>

Positions Applied for:

Full-Time
 Part-time
 Full year
 School year
 Start Date

Select School(s)
 Dover Public
 Sherborn Public
 Dover Sherborn Regional Schools

Voluntary Self-Identification

Gender: Male Female

Ethnicity (Check all that apply)
 Amer Indian/Alaskan Native
 Asian or Pacific Islander
 Black
 Cape Verdean
 Hispanic
 White

First License /Cert #	<input type="text"/>
Issuing State/Agency	<input type="text"/>
Subj./certification area	<input type="text"/>
License Type	<input type="text"/>
Issue Date	<input type="text"/>
Expiration Date	<input type="text"/>

Second License/Cert #	<input type="text"/>
Issuing State/Agency	<input type="text"/>
Subj./certification area	<input type="text"/>
License Type	<input type="text"/>
Issue Date	<input type="text"/>
Expiration Date	<input type="text"/>

Education

Type of School	Institution	Degree	Issue Date	Major
High School				
College Bus. or Trade School				
Professional School				
Other				

Have you ever been convicted of a crime: yes no

If yes, please explain

Do you have a drivers license? yes no State of issue:

Have you had any accidents in the past 3 years? yes no How many?

Do you had any moving violations in the past 3 years? yes no How many?

The Dover-Sherborn Public Schools do not discriminate on the basis of race, color, sex/gender, gender identity, religion, national origin, sexual orientation, disability, or homelessness. The Dover-Sherborn Public Schools is an equal opportunity employer (EOE).

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Previous Employment (list up to three)

1.

Name of employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Typing:

Computer: PC Mac Both

Applications (list all that apply):

Other Skills:

Please list two references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Applicant Signature _____

AGREEMENT

The information provided in this document is true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules, regulations, policies and procedures of the Dover Sherborn Public Schools.

I understand that any employment offer by the Dover Sherborn Public Schools is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.

I also understand that any employment offer by the Dover Sherborn Public Schools is conditional pending acceptable Criminal History Systems Board background check.

I understand that I will be required to execute the authorization for release of information attached hereto.

The following two paragraphs apply to custodians only.

I understand that all appointments are probationary for six (6) months and that I must demonstrate my fitness for continued employment during the probationary period. Nothing in this application shall be deemed to guarantee employment for any particular term.

I agree to take a physical examination, given by an appointed doctor, that may include testing for drugs and recognize that any offer of employment may be contingent upon the results of such an examination.

Signature:

Date:

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, hereby authorize all former employers, educational institutions and professional references, other than those specifically listed below, to release information to the Dover Sherborn Public Schools in connection with my application for this employment and I hereby release any person or entity providing such information and the Dover Sherborn Public Schools from any and all liability arising from the furnishing or receipt of such information.

I do **not** authorize release of information with my current employer.

A photocopy of this authorization shall be considered as effective and valid as the original.

Signature

Date: