
APPLICANT NAME

Uxbridge Public Schools

Uxbridge, Massachusetts 01569

Phone (508) 278-8648

Fax (508) 278-8612

Application for Employment

The Uxbridge Public Schools believes in equal employment and educational opportunities for its employees and students and does not discriminate on the basis of race, color, creed, national origin or sex in compliance with Title VI and Title IX, or disability, in compliance with section 504/ADA or sexual orientation in compliance with G.L. c 151b and 157c.

PLEASE USE BLACK INK

**UXBRIDGE PUBLIC SCHOOLS
UXBRIDGE, MA 01569**

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or handicap which does not preclude the applicant from performing the essential functions of the job with or without reasonable accommodation.

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.

INSTRUCTIONS: Please read the application for employment carefully and answer **EVERY** question in full. If you cannot answer or do not understand any part of this application, notify the school representative immediately. If you need additional space to complete an answer, please attach additional sheets containing the information to this application. In addition to the information required below, please provide any other information you think would be helpful to us in considering you for employment. You may exclude all information indicative of age, sex, race, religion, color, national origin, and handicap.

NOTE: ANY FALSE STATEMENT OR OMISSION SHALL SUBJECT AN APPLICANT TO DISQUALIFICATION FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND SHALL BE CONSIDERED JUSTIFICATION FOR IMMEDIATE **DISMISSAL**, IF DISCOVERED AT A LATER DATE.

Date of Application: _____

Name: _____

Last

First

Middle

Residential Address: _____

Number

Street

City

State

Zip Code

Mailing Address: _____

Number

Street

City

State

Zip Code

Telephone #.: (_____) _____

Area Code

Cell #.: (_____) _____ Emergency #.: (_____) _____

Area Code

Area Code

How Were You Referred to Us?

Newspaper Ad: _____ Employment Agency: _____

Friend: _____ Relative: _____

Employer: _____ Other: _____

Name of Referral Source: _____

Position(s) Applied For: _____

What is your minimum weekly salary requirement? \$ _____

Date available for work: _____

Educational Data

| School | Name and Location | Course of Study | Did you Graduate? | Degree or Diploma | Dates |
|---------------------------|----------------------------------|--------------------------------|----------------------------------|----------------------------------|------------------------|
| Graduate/ Professional | | | | | From _____ To _____ |
| College | | | | | From _____ To _____ |
| High School | | | | | From _____ To _____ |
| Elementary | | | | | From _____ To _____ |
| Other | | | | | From _____ To _____ |

EMPLOYMENT HISTORY:

List present or most recent employer first (use other side of application if necessary). List all full-time and part-time employment held in the past ten (10) years. You may include any verified work performed on a volunteer basis. Continue on a separate sheet, if necessary.

1. Employer: _____

Address: _____

Telephone No.: (_____) _____

Employed From: _____ Mo./Yr. To: _____ Mo./Yr.

Salary: Start: _____ End: _____

Job Title: _____

Job Duties & Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____

DO NOT CONTACT: _____

Reason: _____

2. Employer: _____

Address: _____

Telephone No.: (_____) _____

Employed From: _____ Mo./Yr. To: _____ Mo./Yr.

Salary: Start: _____ End: _____

Job Title: _____

Job Duties & Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____

DO NOT CONTACT: _____

Reason: _____

3. Employer: _____

Address: _____

Telephone No.: (_____) _____

Employed From: _____ Mo./Yr. To: _____ Mo./Yr.

Salary: Start: _____ End: _____

Job Title: _____

Job Duties & Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____

DO NOT CONTACT: _____

Reason: _____

4. Employer: _____

Address: _____

Telephone No.: (_____) _____

Employed From: _____ Mo./Yr. To: _____ Mo./Yr.

Salary: Start: _____ End: _____

Job Title: _____

Job Duties & Responsibilities: _____

Reason for Leaving: _____

Supervisor's Name: _____

DO NOT CONTACT: _____

Reason: _____

Has any of the following happened to you in the last ten (10) years:

- 1 - Fired from job
- 2 - Quit a job after being told you would be fired
- 3 - Left a job by mutual agreement following allegations of misconduct
- 4 - Left a job by mutual agreement following allegations of unsatisfactory performance
- 5 - Left a job for other reasons under unfavorable circumstances

Use the numbers above under "code" to explain the reason your employment was ended.

| <u>Date (Month/Year)</u> | <u>Code</u> | <u>Employer's Name and Address</u> |
|--------------------------|-------------|------------------------------------|
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| | | |
| | | |

If "Yes", begin with the most recent occurrence and go backwards, providing date fired, quit, or left and Employer identity, a detailed explanation for each instance.

Provide all details below: (Use more pages as needed)

MILITARY SERVICE:

If you have ever served in any branch of the Armed Forces, including the Reserves, complete the following:

Branch: _____

Place & Date of Discharge: _____

Any Special Training or Skills: _____

Duties Performed: _____

Reserve Obligations: (List Branch & Unit): _____

GENERAL INFORMATION: (Please Circle YES or NO)

Are you under 18 years of age? Yes No

Have you ever applied here before: Yes No

If Yes, when? _____

Have you ever worked here before Yes No

If Yes, when and why did you leave? _____

Are you a United States citizen or
authorized to work in the United States? Yes No

**YOU WILL BE REQUIRED TO PRODUCE DOCUMENTATION TO
ESTABLISH YOUR IDENTITY AND YOUR AUTHORIZATION
TO WORK IN THE UNITED STATES IN ACCORDANCE WITH
THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.**

CORI Record Information:

As a condition of employment or volunteer service the school district is required by law to obtain Criminal Offender Record Information for any employee, individual who regularly provides school related transportation, or volunteer who may have direct and unmonitored contact with children.

SEALED RECORD NOTICE: READ CAREFULLY

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrest, criminal court appearances, or convictions.

In addition, any applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearance, and adjudication in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

Please provide the following information unless it has been officially annulled, expunged, or sealed by a court:

Have you ever been convicted of a felony?

Yes

No

If yes, provide full details: _____

Within the last five years have you been convicted of, or released from incarceration for a misdemeanor which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace?

Yes

No

If yes, provide full details: _____

Are you presently on lay-off and subject to recall?

Yes

No

Should you be offered employment, would you consent to a medical examination, as a condition of employment; conducted solely for the purpose of determining whether you are, with reasonable accommodation, capable of performing the essential functions of the job?

Yes

No.

Do you possess any other experience, skills or qualifications which you feel would be especially useful for work with EMPLOYER?

If yes, provide details: _____

Person to be notified in case of emergency:

Name: _____

Address: _____

Telephone No.: _____

PERSONAL REFERENCES (Not former employers or relatives):

NAME/OCCUPATION

ADDRESS

TELEPHONE NO.

AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS **CAREFULLY**

I hereby affirm that I have read and understand this application and that the information which I have provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I agree that any omission or falsified information shall subject me to disqualification from further consideration for employment and shall be considered justification for my immediate **dismissal** if discovered at a later date.

I hereby authorize all persons, schools, current employer(s) (if applicable) and previous employers and other organizations named in this application (and accompanying resume, if any) to provide [EMPLOYER] with any relevant information that may be helpful in arriving at an employment decision. I hereby release, indemnify and hold harmless said persons and entities and [EMPLOYER] from and all liability for providing and/or using this information.

Signature

Date