

SOUTHERN BERKSHIRE REGIONAL SCHOOL DISTRICT

491 Berkshire School Road, PO Box 339, Sheffield, MA 01257

EMPLOYMENT APPLICATION

CHECK POSITION(S) DESIRED:

WILL ACCEPT: FULL TIME PART TIME TEMPORARY

- | | | |
|--|---|---|
| <input type="checkbox"/> SECRETARY/ASSISTANT | <input type="checkbox"/> SUBSTITUTE TEACHER | <input type="checkbox"/> MAINTENANCE |
| <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> SUBSTITUTE NURSE | <input type="checkbox"/> SCHOOL CUSTODIAN |
| <input type="checkbox"/> FOOD SERVICE | <input type="checkbox"/> SUBSTITUTE ESP | <input type="checkbox"/> SUB CUSTODIAN |
| <input type="checkbox"/> EDUCATIONAL SUPPORT PROFESSIONAL (ESP) | <input type="checkbox"/> SUBSTITUTE FOOD SERVICES | <input type="checkbox"/> BUILDING & GROUNDS |
| <input type="checkbox"/> STUDENT TEACHER/INTERN (UNPAID) OTHER: <input type="checkbox"/> COACH <input type="checkbox"/> VOLUNTEER | | |

NAME:			DATE		
LAST		FIRST		INITIAL	
EMAIL:					
ADDRESS:			Check Preferred Contact #		
NUMBER		STREET		TEL #: <input type="checkbox"/>	
CITY/TOWN			STATE	ZIP CODE	
			CELL #: <input type="checkbox"/>		
EDUCATION					
High School:		City/State:		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED DATE:	
College or Other:			City/State:		
Degree:		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Degree Date:	
Educator License: <input type="checkbox"/> YES <input type="checkbox"/> NO		State Issued:			
WORK EXPERIENCE					
EMPLOYER			JOB TITLE		TEL #
REFERENCES (List three professional references below)					
NAME		PLACE OF BUSINESS		TEL #	RELATIONSHIP
Do we have your permission to contact your references? <input type="checkbox"/> YES <input type="checkbox"/> NO					
SKILLS					
Computer Experience <input type="checkbox"/> YES Explain: _____					
For Cafeteria, Maintenance, and Custodian Positions: (Do you have experience in any of these areas?)					
<input type="checkbox"/> Cooking/Baking/Catering <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrical <input type="checkbox"/> Grounds Keeping <input type="checkbox"/> HVAC <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing					
Do you have a valid MA Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Other skills:					

Substitute Preferences: Classroom/Playground Aide Special Education Elementary Schools
 Middle School Subject Areas Preferred: _____
 High School Subject Areas Preferred: _____
 Days Available: Monday Tuesday Wednesday Thursday Friday

For Paraprofessional and Substitute Positions:
DO YOU HAVE TRAINING OR EXPERIENCE WITH THE FOLLOWING? Check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Applied Behavior Analysis | <input type="checkbox"/> Crisis Prevention Intervention | <input type="checkbox"/> Implementation of Special Ed Services |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Data Collection | <input type="checkbox"/> Personal Care/Toileting Needs |
| <input type="checkbox"/> Behavior Intervention Plans | <input type="checkbox"/> NAEYC Accredited | <input type="checkbox"/> Activities of Daily Living |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Sheltered English Immersion | <input type="checkbox"/> Childhood Development Associate |

DO YOU HAVE TRAINING OR EXPERIENCE WITH THE FOLLOWING STUDENT POPULATIONS? Check all that apply/Grade Preferences

- | | | | | |
|-------------------------------------|--|---|--|--------------------------------------|
| <input type="checkbox"/> Pre-School | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Hearing/Visually Impaired | |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectually Impaired | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Social Emotional | |

WHAT OTHER SKILLS DO YOU HAVE? Check all that apply Assistive Technology Augmentative Communication
 Bilingual CPR First Aid Microsoft Office Classroom Technology, Specify: _____

CORI NOTICE

A Criminal Offender Records Information (CORI) and Statewide Applicant Fingerprint Identification Services program (SAFIS) for the national criminal background check are required by all school employees. Results from either the CORI or SAFIS can be used in determining eligibility for employment.

DISCLAIMER

I have completed this application to the best of my knowledge and belief, and attest that the information presented is true and accurate. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination from employment. I agree to allow SBRSD to verify all information related to my application for employment including work history, education, and references from present and former employers.

 Applicant Signature Date

*****ADMINISTRATIVE USE ONLY*****

ALL DOCUMENTS MUST BE REVIEWED, COMPLETED, AND INCLUDED WITH RECOMMENDATION

REASON FOR APPOINTMENT: NEW Replacement **POSITION:** _____ **SCHOOL** _____

If replacement, name of employee replacing: _____ Anticipated Start Date: _____

Permission for CORI/Fingerprints If Applicable, Official Transcript with evidence of degree
Teacher: Evidence of Certification Certification # _____ Copy of License(s)

RECOMMENDED FOR APPOINTMENT BY: _____
Principal Signature Date

*****DISTRICT ADMINISTRATIVE USE ONLY*****

SALARY: _____ **STEP:** _____ **EXPECTED START DATE:** _____

APPOINTMENT APPROVED BY: _____
Superintendent Signature Date