



MAYNARD PUBLIC SCHOOLS APPLICATION FOR EMPLOYMENT

The Maynard Public Schools are an equal opportunity employer. Federal and State Laws prohibit discrimination in employment based on race, color, sex, religion, age, handicap, disability, or national origin. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, handicap, disability or national origin.

Date: _____ Social Security # _____

Name: _____

Address: _____ City: _____ State: _____

Phone # _____

In case of emergency, please notify: _____ Phone: _____

Are you a United States Citizen: ___ Yes ___ No
(If not, do you have the legal right to remain permanently in the United States?) ___ Yes ___ No

Employment Desired

Position: _____ Date you can start: _____

Shift: _____ Salary Desired: _____ Days Available to work _____

Have you ever applied to this School System before? ___ If yes, when? _____

| Education | Name of School | Years Attended | Date Graduated | Degree/s |
|-----------|----------------|----------------|----------------|----------|
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Former Employers: (List below starting with the last one)

| From / To | Name/Address of Employer | Salary | Position | Reason for Leaving |
|------------------|---------------------------------|---------------|-----------------|---------------------------|
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References: (List below the names of two people, not related, who have known you for more than one year and whom we may contact for references).

| Name | Address | Phone | Years Acquainted |
|-------------|----------------|--------------|-------------------------|
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Applicant must pass a CORI check before employment.

I certify that the statement I have made in this application are true and hereby grant the Maynard Public Schools permission to verify the accuracy and completeness of this information and to investigate all references and educational records. I understand that any false or misleading statements made by me will be sufficient cause for the rejection of this application or for immediate dismissal if such false or misleading information is discovered after my employment. If I am accepted for employment, I agree to abide by the rules and regulations of the Maynard Public Schools.

Date: _____ Signature: _____

Internal Use Only:

Interviewed by: _____ Date: _____ Start Date: _____

Comments: