

# Burlington Public Schools

An Equal Opportunity Employer

123 CAMBRIDGE STREET  
BURLINGTON, MA 01803  
(781) 270-1801  
FAX (781) 238-4696

## APPLICATION FOR CERTIFIED EMPLOYMENT

Please attach the following documents to this application:  
Resume, Transcripts, 3 Letters of Recommendation & Current Certification (if available)

Date of Application \_\_\_\_\_

Position(s) for which you are applying:

- Elementary Grades PK-5
- Middle School Grades 6-8
- High School Grades 9-12
- Special Subject Area
- Other \_\_\_\_\_

Would you accept a long-term substitute assignment?  Yes  No

Grade(s) (circle) P K 1 2 3 4 5

Subject(s) \_\_\_\_\_

Subject(s) \_\_\_\_\_

Subject(s) \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*Last First Middle*

Present Address \_\_\_\_\_  
*Street City State Zip*

Permanent Address \_\_\_\_\_  
*Street City State Zip*

Work Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cellular Telephone \_\_\_\_\_

### LICENSURE INFORMATION

Type of Certification:  Preliminary  Initial  Provisional  Professional  
If pending, state date of application \_\_\_\_\_

Area(s) of Licensure	Grade Level(s)	Issue Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Massachusetts Certification \_\_\_\_\_ License Number \_\_\_\_\_  
 Out of State \_\_\_\_\_ Name of State \_\_\_\_\_

Have you been designated as **Highly Qualified**, by a former school district, in the discipline and grade level in which you are applying?  
 Yes (please attach a copy of proof of designation)  
 No (please answer the following questions by checking the appropriate boxes)

To be highly qualified you must complete all of the following:

- Possess a Bachelor's Degree;
- Possess a Massachusetts teaching license; **AND**
- Demonstrate "Subject Matter Competency" in each of the core subjects that the teacher is teaching:
  - Passing MTEL appropriate Subject Matter Test; **OR**
  - Special Ed & ELL Teachers only:* Completion of the Massachusetts HOUSSSE (*Elementary Teachers stop here*) **OR**
  - Completion of an appropriate academic major or graduate degree (i.e., BA in English or MS in Science) **OR**
  - Completion of comparable coursework equivalent to an undergraduate academic major: List # of credits \_\_\_\_\_

**EDUCATIONAL TRAINING**

List all undergraduate, graduate and post-graduate education.

Starting with post high school, list all institutions in order of attendance. Use an attachment if necessary.

NAME OF INSTITUTION (City & State)	MAJOR	MINOR	DEGREE ATTAINED or CREDITS EARNED	DATE

List all other coursework and educational programs you have completed. Use an attachment if necessary

NAME OF INSTITUTION (City & State)	CONTENT AREA	CERTIFICATE AWARDED	DATE

**PRACTICUM TEACHING & INTERNSHIP EXPERIENCE**

List most recent first. Use an attachment if necessary.

SCHOOL NAME & ADDRESS	GRADE / SUBJECT	DATES (Month/Year - Month/Year)	COOPERATING TEACHER / SUPERVISOR & PHONE NUMBER

**EXPERIENCE AS A SUBSTITUTE, AIDE OR TUTOR**

List most recent first. Use an attachment if necessary.

DISTRICT NAME & ADDRESS	GRADE LEVEL / SUBJECT(S)	DATES (Month/Year - Month/Year)	SUPERVISOR NAME & PHONE NUMBER

**ADDITIONAL RELEVANT EXPERIENCE / TRAINING**

List volunteer work, articles/books authored, honorary degrees, citations, special recognitions, workshops conducted, etc. Use an attachment if necessary.

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**CERTIFIED EMPLOYMENT HISTORY**

Please list all CERTIFIED teaching experience. List most recent employment first and continue in reverse chronological order. Do not include observations or substitute teaching. Use an attachment if necessary.

Dates of Position (from) \_\_\_\_\_ (to) \_\_\_\_\_  Full-Time  Part-Time ( \_\_\_\_\_ %)  
Month/Year Month/Year

District Name \_\_\_\_\_

District Address \_\_\_\_\_  
Street City State Zip

Title of Position \_\_\_\_\_ Grade/Subject \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor's Name & Phone Number \_\_\_\_\_

May we contact this person?  Yes  No

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Dates of Position (from) \_\_\_\_\_ (to) \_\_\_\_\_  Full-Time  Part-Time ( \_\_\_\_\_ %)  
Month/Year Month/Year

District Name \_\_\_\_\_

District Address \_\_\_\_\_  
Street City State Zip

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Supervisor's Name & Phone Number \_\_\_\_\_

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Month/Year Month/Year

District Name \_\_\_\_\_

District Address \_\_\_\_\_  
Street City State Zip

Title of Position \_\_\_\_\_ Grade/Subject \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Supervisor's Name & Phone Number \_\_\_\_\_

May we contact this person?  Yes  No

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**OTHER WORK EXPERIENCE**

Please list any other work experience. List most recent first and continue in reverse chronological order.  
Use an attachment if necessary.

Dates of Position (from) \_\_\_\_\_ (to) \_\_\_\_\_  Full-Time  Part-Time (# hours \_\_\_\_\_)  
Month/Year Month/Year

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Title of Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Supervisor's Name & Phone Number \_\_\_\_\_

May we contact this person?  Yes  No

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Dates of Position (from) \_\_\_\_\_ (to) \_\_\_\_\_  Full-Time  Part-Time (# hours \_\_\_\_\_)  
Month/Year Month/Year

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Title of Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Supervisor's Name & Phone Number \_\_\_\_\_

May we contact this person?  Yes  No

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Dates of Position (from) \_\_\_\_\_ (to) \_\_\_\_\_  Full-Time  Part-Time (# hours \_\_\_\_\_)  
Month/Year Month/Year

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Title of Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Duties/Responsibilities \_\_\_\_\_

Supervisor's Name & Phone Number \_\_\_\_\_

May we contact this person?  Yes  No

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**REFERENCES**

Please provide the names of at least two individuals, not listed as a past supervisor above. Do not list a relative.  
You may list additional references as an attachment.

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

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

Alternate Telephone: \_\_\_\_\_

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

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

Alternate Telephone: \_\_\_\_\_

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**SUPPLEMENTAL INFORMATION**

Are you legally authorized to work in the United States?  Yes  No

If no, please explain: \_\_\_\_\_

Have you been employed for the Town of Burlington or the Burlington Public Schools before?  Yes  No

Does any of your immediate family work for the Town of Burlington or the Burlington Public Schools?  Yes  No

If yes, state name, relationship and location: \_\_\_\_\_

Have you ever been dismissed, suspended or terminated from any employment?  Yes  No

If yes, provide the date and name, address and telephone number of the employer, and stated reason for the adverse action.

Have you ever resigned or been given an opportunity to resign, withdraw an employment application, or not offered reemployment as a result of charges against you or an investigation of your behavior?  Yes  No

If yes, state the date, name, address and telephone number of the employer and a reasonably full statement of the basis and circumstances of the incident.

Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private?  Yes  No

If yes, provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you, the final disposition and/or current status of the charge or complaint.

Are you now being investigated for any alleged misconduct or other alleged grounds for discipline by any licensing, certification or other regulatory body (teacher certification or otherwise) or by your current or any previous employer?

Yes  No

If yes, provide the name, address and telephone number of the employer or licensing body and a statement of any accusations.

Have you been known by any other name(s)?  Yes  No

If yes, please list: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  No Record\*

If yes, please specify: \_\_\_\_\_

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  No Record\* If yes, please specify \_\_\_\_\_

\* Under Massachusetts Law, "An applicant for employment with a sealed record on file with the commission of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications 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." Conviction will not necessarily be disqualifying.

Are there other aspects of your personal or professional history that would be pertinent to disclose?

Yes  No If yes, please provide additional, detailed information in an attachment.

May we visit you at your current employer?  Yes  No

Are you presently under contract?  Yes  No If yes, date contract expires: \_\_\_\_\_

If appointed, how soon would you be available?  30 days  90 days  Other \_\_\_\_\_

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**How did you become aware of this vacancy?**

Newspaper (Name \_\_\_\_\_)  print version  online

Trade Publication (Name \_\_\_\_\_)  print version  online

Career Website (Name \_\_\_\_\_)

Burlington Public Schools website

College or University (Name \_\_\_\_\_)

Recommended by a colleague within the Burlington School District

Recommended by a colleague outside of Burlington

Other (please be as specific as possible) \_\_\_\_\_

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**APPLICANT'S STATEMENT & RELEASE**

I specifically authorize and ask all of my present and former employers including representatives of these employers and those who I have listed as professional references to provide Burlington Public Schools with information about my employment experience, work experience, work performance, reason(s) for termination, skills and abilities and other qualities related to my abilities and qualifications for employment. I specifically release my present and former employers, including their representatives, as well as persons whom I have listed as professional references from any and all liability for damages arising from the furnishing of the requested information to Burlington Public Schools.

I acknowledge that the information that I am providing to the Burlington Public Schools may be reviewed by individuals other than those to whom I have directly provided the information.

I agree to sign a Criminal Offender Record Information Release form, as a condition of employment. I further authorize the Burlington Public Schools to conduct background checks that they deem necessary for evaluating my application for employment. Furthermore, I certify that I have made true, correct and complete answers and statements on this application and in other documents that I have provided to you, in the knowledge that they may be relied upon in considering my application, and I understand that any omission or falsification of any part of this application or any supplement to it will be sufficient grounds to decline employment or for my discharge should I become employed with Burlington Public Schools.

I understand that employment with the Burlington Public Schools is "at will" which means that either I or the Burlington Public Schools can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute or Collective Bargaining Agreement. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Burlington Public Schools has any authority to alter the foregoing.

A copy of this statement may be accepted as an original.

\_\_\_\_\_  
*Applicant's Signature (indicates agreement with the above statements)*

\_\_\_\_\_  
*Date*