

# Burlington Public Schools

An Equal Opportunity Employer

123 CAMBRIDGE STREET  
 BURLINGTON, MA 01803  
 (781) 270-1800  
 FAX (781) 238-4696

## APPLICATION FOR EMPLOYMENT (NON-CERTIFIED STAFF)

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

Position(s) for which you are applying:

- |  |  |
|--|--|
| <input type="checkbox"/> Secretarial/Clerical  | <input type="checkbox"/> Instructional Assistant |
| <input type="checkbox"/> Custodial/Maintenance | <input type="checkbox"/> Tutor                   |
| <input type="checkbox"/> Food Services         | <input type="checkbox"/> Substitute              |
| <input type="checkbox"/> Technology            | <input type="checkbox"/> Other _____             |

### 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 \_\_\_\_\_

### EDUCATION

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

| NAME OF INSTITUTION<br>(City & State) | MAJOR / MINOR | DEGREE AWARDED /<br>CREDITS ATTAINED | DATE |
|---------------------------------------|---------------|--------------------------------------|------|
| High School                           |               |                                      |      |
| College or University                 |               |                                      |      |
| Graduate School                       |               |                                      |      |
| Other                                 |               |                                      |      |

### LICENSURE INFORMATION (if available)

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

---

**EMPLOYMENT HISTORY**

Please list any 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/School \_\_\_\_\_ Rate of Pay \_\_\_\_\_

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

---

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

Company/School \_\_\_\_\_ Rate of Pay \_\_\_\_\_

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

---

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

Company/School \_\_\_\_\_ Rate of Pay \_\_\_\_\_

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

---

**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: \_\_\_\_\_

**QUALIFICATIONS**

Please complete the area appropriate to the position for which you are applying.

**INSTRUCTIONAL ASSISTANT/TUTOR/SUBSTITUTE APPLICANTS ONLY:**

Type of position/level desired (check all that apply):

- Reading
  - Mathematics
  - Library
  - English Language Learners
  - Special Education
  - Preschool
  - Elementary School
  - Middle School
  - High School
- have you worked with children with special needs?  Yes  No

List any experience you have working with children: \_\_\_\_\_

Have you completed the following?

- Associate's (or higher) degree, or
- At least two years, or 48 credit hours of study at an institution of higher education, or
- A formal assessment measuring your knowledge of and ability to assist classroom teachers in reading, writing and mathematics

**SECRETARIAL/CLERICAL APPLICANTS ONLY:**

Please indicate your level of proficiency and years of experience relevant to the following skills:

|   | Beginner                 | Intermediate             | Advanced                 | # Years Experience |
|---|--------------------------|--------------------------|--------------------------|--------------------|
| <input type="checkbox"/> Microsoft Word or <input type="checkbox"/> Other word processing software    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                    |
| <input type="checkbox"/> Microsoft Excel or <input type="checkbox"/> Other spreadsheet software       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                    |
| <input type="checkbox"/> Microsoft PowerPoint or <input type="checkbox"/> Other presentation software | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                    |
| <input type="checkbox"/> Microsoft Access or <input type="checkbox"/> Other database software         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                    |
| <input type="checkbox"/> Microsoft Publisher or <input type="checkbox"/> Other publishing software    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                    |
| <input type="checkbox"/> Typing Ability   | <b>Words per minute:</b> |                          |                          |                    |
| <input type="checkbox"/> Reception/Telephone skills   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                    |
| <input type="checkbox"/> Bookkeeping/Accounting skills  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                    |

Please list other computer software programs and systems you have experience with, or any other training you may have:

**FOOD SERVICE APPLICANTS ONLY:**

What training and/or experience do you have in cooking? \_\_\_\_\_

What training and/or experience do you have in cashiering? \_\_\_\_\_

What training and/or experience do you have in sanitation and food safety? \_\_\_\_\_

Are you ServSafe certified?  Yes  No                      Are you able to lift 50 pounds?  Yes  No

Would you be willing to substitute in the cafeteria until a permanent assignment is available?  Yes  No

**FOR ALL APPLICANTS:**

Why are you applying for this position? \_\_\_\_\_

List any skills/talents that will be applicable to this position (if not noted above): \_\_\_\_\_

**SUPPLEMENTAL INFORMATION**

Are you legally authorized to work in the United States on an unrestricted basis?  Yes  No

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

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

If yes, provide dates: \_\_\_\_\_

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 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 hired, how soon would you be available to begin work? \_\_\_\_\_

**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 \_\_\_\_\_

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

---

**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*