

Burlington Public Schools

An Equal Opportunity Employer

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

APPLICATION FOR SEASONAL EMPLOYMENT

DATE OF APPLICATION _____

POSITION FOR WHICH YOU ARE APPLYING _____

How did you hear about this position? (please be specific) _____

PERSONAL INFORMATION

Name _____ Social Security # _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Daytime Telephone _____ Email Address _____

Home Telephone _____ Cellular Telephone _____

Were you formerly employed for the Burlington Public Schools or the Town of Burlington? Yes No

If yes, give date, position & department: _____

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

If no, please explain: _____

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.

EDUCATION

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

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

Are you licensed to teach in MA? Yes No If licensed in another state, please specify state _____

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

EMPLOYMENT HISTORY

Beginning with your current or most recent position, list all previous work experience. Include student teaching.

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

Company/School Name _____

Address _____
Street City State Zip

Title of Position _____ Reason for leaving _____

Duties/Responsibilities _____

Supervisor's Name & Phone Number _____ May we contact? Yes No

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

Company/School Name _____

Address _____
Street City State Zip

Title of Position _____ Reason for leaving _____

Duties/Responsibilities _____

Supervisor's Name & Phone Number _____ May we contact? Yes No

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

Company/School Name _____

Address _____
Street City State Zip

Title of Position _____ Reason for leaving _____

Duties/Responsibilities _____

Supervisor's Name & Phone Number _____ May we contact? 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: _____

I certify that all answers given on this application are true and complete to the best of my knowledge. I understand that if employed, falsified information or omission of facts on this application or any supplement to it shall be considered sufficient grounds to decline employment or cause for dismissal. I understand that employment is conditional upon a review of criminal records. I authorize the Burlington Public Schools to obtain records to determine the accuracy of my responses. I agree to abide by all applicable rules, regulations, and policies upon my acceptance of employment with the Burlington Public Schools.

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

Date