



# Mashpee Public Schools Employment Application

Superintendent's Office

150A Old Barnstable Rd. Mashpee MA 02649

Phone: 508-539-1500 Fax: 508-477-5805

www.mpspk12.org

## An Equal Opportunity/Affirmative Action Employer

Mashpee Public Schools is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religious creed, national origin, ancestry, age, sex, sexual orientation, gender identity, marital status, physical or mental disability, military service or veteran status, protected genetic information, or other status or characteristic protected by federal, state or local law.

You must submit a fully completed Employment Application for each position you apply for. Please answer all of the questions on all four pages accurately and completely. "See resume" or the like is not acceptable in any field.

If you need assistance completing this application, please ask and assistance will be provided.

### I. General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
(if different) Street City State Zip Code

Previous Addresses within the past 5 years, if different:

\_\_\_\_\_  
Street City State Zip Code From To

\_\_\_\_\_  
Street City State Zip Code From To

Home Telephone Number: \_\_\_\_\_ Cell Phone or other telephone number(s) where you can be reached: \_\_\_\_\_  
( ) ( )  
Area Code Area Code

Email Address(es) where you can be reached: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

**Note:** If you are offered employment, you must present documentation verifying your identity and authorization to work in the United States in accordance with the Immigration Reform and Control Act of 1986.

(1) Are you currently authorized to work in the U.S.?  Yes  No

**Before answering the next question, please read this carefully:** For purposes of question (2) "sponsorship for an immigration-related employment benefit" means "an H-1B visa petition, an O-1 visa petition, an E-3 visa petition, TN status and 'job flexibility benefits' (also known as I-140 portability or adjustment of status portability) for long-delayed adjustment of status applications that have been pending for 180 days or longer." (Please ask us if you are uncertain whether you may need immigration sponsorship or desire clarification).

(2) Do you now or will you in the future require sponsorship for any immigration-related employment benefit (e.g. H1-B visa status) to legally work in the United States for the Town of Mashpee?  Yes  No

Please indicate whether you are seeking:  Full Time  Part Time  Mornings  
 School Year  Year Round  Afternoons

If you have a friend(s) or relative(s) who currently works for the Mashpee Public Schools please indicate name, position, and location:

If you have ever worked for the Mashpee Public Schools please answer the following:

Department \_\_\_\_\_ Location \_\_\_\_\_ Position \_\_\_\_\_ Dates: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

If you have ever applied for a position(s) with the Town of Mashpee, please answer the following:

Position(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

For any employers or schools listed in the following sections, if your name was different from the one you are now using, please indicate name(s) and date(s) used:

## II. Work Experience

List your last 5 employers or at least 10 years work experience, whichever is greater. Include jobs held while attending school and/or military duty. You may include any work performed on a volunteer basis. Please provide all relevant information requested in this section, even if you are attaching a résumé as part of this application. LIST MOST RECENT JOB FIRST and attach additional sheets if necessary.

1. Employer:	Date Employed: From / / to / /
Address:	Telephone Number: ( )
Job Title:	Supervisor:
State major responsibilities or duties:	Reason for leaving:
2. Employer:	Date Employed: From / / to / /
Address:	Telephone Number: ( )
Job Title:	Supervisor:
State major responsibilities or duties:	Reason for leaving:
3. Employer:	Date Employed: From / / to / /
Address:	Telephone Number: ( )
Job Title:	Supervisor:
State major responsibilities or duties:	Reason for leaving:
4. Employer:	Date Employed: From / / to / /
Address:	Telephone Number: ( )
Job Title:	Supervisor:
State major responsibilities or duties:	Reason for leaving:
5. Employer:	Date Employed: From / / to / /
Address:	Telephone Number: ( )
Job Title:	Supervisor:
State major responsibilities or duties:	Reason for leaving:

May we contact your present employer at this time?  Yes  No

Was your employment ever suspended, terminated involuntarily, or were you asked to resign?  Yes  No

If yes, please explain \_\_\_\_\_

### III. Education

Name and Address of School	Course of Study	# Years Attended	Did You Graduate?	Degree (Specify)
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No	

### IV. References

Please provide the names of at least 3 persons not related to you, whom you have known at least one year, and who can attest to your character, credentials, performance or accomplishments.

Name, Job Title and Company	Email Address	Phone Number	Nature of Relationship

### V. Knowledge/Skills/Training

Please indicate the knowledge and skills you have that you believe are relevant to the position you are seeking.

	Beginner Level	Intermediate Level	Advanced Level
Classroom Teaching/Tutoring			
Paraprofessional/Student Aid			
Food Service/Food Handling			
Office/ Administrative Work			
Computers/ Software			
Nurse/First Aid			
Bus/Recess Monitoring			

### VI. Licenses/Certifications

Please list all licenses or certifications you have that you believe are relevant to the position you are seeking. A valid license is a condition of employment for most positions.

	State of Issue	Expiration Date
Valid Driver's License:		
Valid DESE License:		
Valid Nursing License:		
Other:		

## VII. Information for Applicants

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

Ability to perform the essential functions of the position, with or without reasonable accommodation, is a condition of employment.

If you have not been hired within ninety (90) days of filling out this application and you wish to continue to be considered for employment, you must complete another application, unless you have been notified in writing that you are on an established and authorized hiring eligibility list.

## VIII. Applicant's Certification and Agreement

**YOUR APPLICATION IS NOT COMPLETE UNTIL YOU HAVE READ AND INITIALED EACH STATEMENT AND YOU HAVE SIGNED BELOW. Please read carefully:**

Initial: \_\_\_\_\_ I acknowledge and understand that a condition of employment is in compliance with School Committee policy and state and federal laws applicable to confidentiality.

Initial: \_\_\_\_\_ I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references.

Initial: \_\_\_\_\_ I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Mashpee Public Schools with any relevant information which may be required to arrive at an employment decision and voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Mashpee Public Schools against any liability which might result from requesting such information.

**By my signature below, I agree to the foregoing statements, and I certify that I understand the content and intent of this application for employment and the information I have supplied in this application is true and complete.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_