MARSHFIELD PUBLIC SCHOOLS
PROFESSIONAL APPLICATION

POSITION(S) APPLYING FOR :_____ Date: _____/_____/_____

NAME: _____ SS#: _____/_____/_____
Last First Middle

ADDRESS: _____ Tel #: (_____)_____
Number Street Home

_____ _____ _____ (_____)_____
City/Town State Zip Code Work/Message

E-Mail Address:_____

Please provide all of the information accurately and completely. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status, unless you desire to include it.

EMPLOYMENT INFORMATION: (most current)

I. Starting Date: _____/_____ Ending Date: _____/_____ Employer Name: _____

Position Title: _____ Address: _____

Salary: _____ Hrs/Week: _____ _____

Immediate Supervisor: _____ Phone: (_____) _____

Description of Duties and Responsibilities: _____

_____

II. Starting Date: _____/_____ Ending Date: _____/_____ Employer Name: _____

Position Title: _____ Address: _____

Salary: _____ Hrs/Week: _____ _____

Immediate Supervisor: _____ Phone: (_____) _____

Description of Duties and Responsibilities:_____

_____

III. Starting Date: _____/_____ Ending Date: _____/_____ Employer Name: _____

Position Title: _____ Address: _____

Salary:_____ Hrs.Week:_____ _____

Immediate Supervisor: _____ Phone: (_____) _____

Description of Duties and Responsibilities:_____

_____

Are you certified to teach in Massachusetts: _____(Y) Certification #:_____ Field(s): _____

_____(N) Other State(s):_____

List any coaching or advisorship positions held: _____
(please include year)

List any professional, trade, business, or civic activities and offices held:_____

EDUCATION:

High School: _____ Did you graduate? _____(Y) _____(N)
Name City/State

If no, do you have a GED Certificate: _____(Y) _____(N)

College Information:

College / University Name & Location	Course or Major	Did you Graduate?	Degree	Year

Other relevant training and / or education: _____

_____

REFERENCES: (Give names of those people who have knowledge of your skills and/or character. Do not include relatives.)
This listing of references will be considered permission to discuss your skills/ character.

Name	Address	Telephone Number	Occupation
		(_____)_____	
		(_____)_____	
		(_____)_____	

Please submit three written letters of reference with this application (may not be those listed above).

EXPLANATIONS AND/OR RELEVANT INFORMATION: (USE ADDITIONAL PAPER IF NECESSARY)

_____

_____

_____

_____

_____

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_____

DISCLOSURE OF INFORMATION:
All new employees are required to have a Criminal Offenses Records (CORI) background investigation completed, the results of which may effect the District's employment decisions.

I certify that all answers given herein are true and complete to the best of my knowledge.

_____ _____
Signature **Date**

Please submit your completed application, resume, copy of transcripts, copy of certification, three letters of reference.

Personnel Office
Marshfield Public Schools
76 South River Street
Marshfield, MA 02050
1-781-834-5000, Ext. 102

Marshfield Public School District is an Equal Opportunity/Affirmative Action employer.
Marshfield Public School District does not discriminate on the basis of race, gender, color, religion, national origin, sexual orientation, disability, or age in programs, activities or employment.

Updated 11/30/05