

Monomoy Regional School District

425 Crowell Road, Chatham MA 02633

508-945-5130 ✦ Fax:: 508-945-5133

EMPLOYMENT APPLICATION

Monomoy Regional School District is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law.

A fully completed application is required; 'see resume' is not acceptable in any field.

Position Applying for _____ Date _____

Name _____

Address _____

Mailing Address (if different) _____

Email Address _____

Home Telephone _____ Other Telephone _____

GRADE LEVEL REQUESTED PRE-K-4 _____ 5-8 _____ 9-12 _____

EDUCATION

| School | Name, Address, City, State | Years Attended | Degree |
|-----------------------------------|----------------------------|----------------|--------|
| High School | | | |
| College | | | |
| Graduate School | | | |
| Trade, Business, Night Courses | | | |
| Military Service, Other | | | |

LICENSES (If applicable.)

(Note. When required for the position, a valid license is a condition of employment.)

Do you have a valid driver's license (Class D Auto)? Yes No Expires _____

What other valid licenses or certifications do you hold that may be useful in the position which you are seeking?

References

Please provide the name, address and telephone numbers of three (3) references who are not related to you, are not previous employers and are different from those who have provided written references..

1. _____

2. _____

3. _____

AGREEMENT

1. I understand that acceptance of this application by the Monomoy Regional School District does not imply that I will be employed.
2. I attest that the information that I have supplied on this application is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any of the other materials or as provided during interviews, can be justification for refusal of employment or for termination of employment, if employed.
3. I understand that any offer of employment that I receive from the Monomoy Regional School District is contingent upon successful completion of the pre-employment screening process including but not limited to the Monomoy Regional School District receiving satisfactory references, a satisfactory criminal history and Criminal Offense Record Inquiry, satisfactory verification of certifications or other licenses as required by the position, and any other materials required.
4. I understand that the Monomoy Regional School District will be verifying all of the information provided by me concerning my prior employment history or military record, education, character, general reputation and personal characteristics as related to the position for which I have applied.
5. I authorize the Monomoy Regional School District to take whatever steps deemed necessary to obtain information regarding my qualifications for employment, including contacting my present (see employment history) and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.
6. I hereby release my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.

SIGNATURE

Please read carefully and sign the statement below:

I certify that the information given in this application is true and complete and I understand that misrepresentation and/or withholding of information will result in rejection of this application or my discharge if discovered after employment begins. I authorize the Monomoy Regional School District to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application or employment and release the Monomoy Regional School District from all liability with respect to such inquiries. I further authorize the school district to verify any information on this application or contact appropriate references as they see fit.

Applicant Name -- PLEASE PRINT

Applicant Signature

Date