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# **SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT**

## **APPLICATION FOR EMPLOYMENT**

**RETURN TO:** Superintendent of Schools, 86 Powder Mill Road, Southwick, MA 01077, Phone: (413) 569-5391

### **Equal Opportunity Employer**

The Southwick-Tolland-Granville Regional School District is committed to maintaining a work and learning environment free from discrimination on the basis of race, color, religion, national origin, pregnancy, gender, gender identity, sexual orientation, marital/civil union status, ancestry, place of birth, age, citizenship status, veteran status, political affiliation or disability, as defined and required by state and federal laws.

### **PERSONAL DATA**

**POSITION FOR WHICH YOU ARE APPLYING:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Have you ever worked for the District in the past: CHECK ONE Yes No

If yes, what position: \_\_\_\_\_

Please answer YES or NO to the following:

Are you legally authorized to accept employment in this country? \_\_\_\_\_

Are you physically able to perform all responsibilities outlined in the position's job description? \_\_\_\_\_

If you have answered NO to any of the above questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EDUCATION**

List high school, trade school and/or college(s) you attended:

Diploma/Degree/Course	Years Completed	School Name/Location	Dates Attended
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## WORK EXPERIENCE

List all previous work experience. Begin with present position:

Position/Nature of Work

Place of Employment

Dates

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## OTHER BACKGROUND EXPERIENCES/SPECIAL SKILLS

List all experiences, licenses or skills you have which you feel would be of importance to you as an applicant:

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## REFERENCES

List three individuals (not relatives) who can provide a personal reference:

Name

Address

Occupation

Phone Number

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For Substitute Teaching Positions Please Provide the Following:

Certification #: \_\_\_\_\_ State \_\_\_\_\_ Area of Certification \_\_\_\_\_

Elementary/Middle School Teachers: Please list grades where you are qualified/willing to substitute - in order of preference:

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Secondary School Teachers: Please list subjects where you are qualified/willing to substitute – in order of preference

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Special Subjects: Please check all subjects where you are qualified/willing to substitute:

Special Education      Reading      Health      Art      Music      Physical Education      Technology

I hereby verify that the facts set forth on this application are true and complete to the best of my knowledge. I understand that any omission, false or misleading information, or misrepresentation may result in denial of employment or dismissal from employment. I grant permission for the District, or its agent, to contact previous employers and references to verify any statement made on this application and to release from liability those who furnish such information. I further understand that should I become a finalist for the position, the selection process requires a signed release to permit the school district to conduct a criminal records check for conviction information only and submit to the SAFIS fingerprinting process. Results will not necessarily disqualify me from consideration for employment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_