

EAST LONGMEADOW PUBLIC SCHOOLS



Superintendent's Office
180 Maple Street
East Longmeadow, MA 01028
(413) 525-5450

www.eastlongmeadowma.gov

APPLICATION FOR SCHOOL EMPLOYMENT

(TO BE COMPLETED PRIOR TO OR AT THE TIME OF INTERVIEW)

IT IS THE POLICY OF THE EAST LONGMEADOW PUBLIC SCHOOLS TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENETIC INFORMATION, MILITARY SERVICE, AGE, ANCESTRY OR DISABILITY. EQUAL EMPLOYMENT OPPORTUNITY SHALL RESPECTFULLY BE MADE AVAILABLE IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE LAWS.

NAME: _____

DATE OF APPLICATION: _____

POSITION YOU ARE APPLYING FOR: _____

IMPORTANT

Instructions for completing application form:

1. All applicants must:
 - * Type or print clearly in black or blue ink.
 - * Provide a current résumé. It must include your professional experiences and a few names as references **OR**
 - * Answer all sections that apply to the position desired fully and accurately.
 - * Three letters of recommendation (one preferably from an individual you are presently working with).
 - * Read certification and releases carefully before signing.
 - * Return completed application to:
Superintendent's Office
East Longmeadow Public Schools
180 Maple Street
East Longmeadow, MA 01028
2. For Teaching positions include:
 - * Evidence of certifiability or licensure in Massachusetts.
 - * Copies of transcripts from colleges indicating degrees awarded.
3. For Bus Driver positions:
 - a. Include:
 - * Copy of Massachusetts CDL License.
 - * Copy of Massachusetts School Bus Driver Certificate.
 - b. Completion of Drivers' Rights Notification Statement will be provided at interview.
 - c. Applicant must pass a D.O.T. pre-employment physical and drug screening at district's occupational health facility.

PERSONAL DATA

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

| | |
|----------------------|-----------|
| Current Home Address | Telephone |
|----------------------|-----------|

| | |
|--------------------------|-----------|
| Current Business Address | Telephone |
|--------------------------|-----------|

PROFESSIONAL EXPERIENCE:

Beginning with your most recent employment, please list all full or part-time experiences relating to this job application:

| Dates From/To | # of Years | Position | School District or Organization | Street Address | Superior/ Supervisor |
|------------------|---------------|----------|------------------------------------|-------------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

REFERENCES: (list references below)

Give as references individuals who would have first-hand knowledge of your character, personality, and abilities. If you are an experienced teacher, list the names of superintendents, principals, or supervisors for whom you have worked. If a bus driver, supervisors from current and previous employers must be given. Reference letters should be included with the application materials.

| NAME | POSITION | ADDRESS | TELEPHONE (include area code) |
|------|----------|---------|----------------------------------|
| | | | () |
| | | | () |
| | | | () |

READ CERTIFICATION AND RELEASE CAREFULLY BEFORE SIGNING:

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that East Longmeadow Public Schools will submit my name to the Criminal Systems History Board for a review and that reported evidence of a convicted crime may result in discharge. I also understand that I am to abide by all policies, rules and regulations of East Longmeadow Public Schools.

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

BUS DRIVER APPLICANTS ONLY: SKIP and GO TO PAGE 4

OTHER APPLICANTS: COMPLETE THIS PAGE ONLY

WHAT CERTIFICATIONS/LICENSES DO YOU HOLD?

FIELD

STATE

CERTIFICATE NUMBER

PROFESSIONAL PREPARATION

UNDERGRADUATE:

| INSTITUTION | DATES ATTENDED | SPECIALIZATION | DEGREE/DATE GRANTED |
|-------------|----------------|----------------|---------------------|
|-------------|----------------|----------------|---------------------|

GRADUATE:

| INSTITUTION | DATES ATTENDED | SPECIALIZATION | DEGREE/DATE GRANTED |
|-------------|----------------|----------------|---------------------|
|-------------|----------------|----------------|---------------------|

ADDITIONAL:

| INSTITUTION | DATES ATTENDED | SPECIALIZATION | DEGREE/DATE GRANTED |
|-------------|----------------|----------------|---------------------|
|-------------|----------------|----------------|---------------------|

HONORS AND AWARDS:

BUS DRIVER APPLICANTS ONLY

WHAT DRIVER LICENSES/PERMITS DO YOU HOLD?

STATE

EXPIRATION

LICENSE NUMBER

DRIVING EXPERIENCE:

Include all equipment, i.e., buses, trucks, truck tractors, semi-trailers, full trailers, etc.

DATES

EQUIPMENT

MOTOR VEHICLE ACCIDENTS:

Please list all motor vehicle accidents that you have been involved in for the three (3) years preceding this application.

If None – please indicate.

Date

Nature of Accident: (brief description)

Fatalities

Personal Injuries

MOTOR VEHICLE VIOLATIONS:

Please list all motor vehicle violations (other than those involving parking violations) of which you were convicted or forfeited bond or collateral during the three (3) years preceding this application. If None – please indicate.

Date

Nature of Violation: (brief description)

Legal Action

OTHER INFORMATION:

While driving for your current or most recent employer, were you subject to the following:

1. Federal Motor Carrier Safety Regulations (Yes) _____ (No) _____
2. Drug and Alcohol Testing Requirements (Yes) _____ (No) _____

Applicant's Statement regarding Denial, Revocation, or Suspension of License:

Please check one of the following. If response is "Yes," please provide the facts and circumstances of such denial, revocation, or suspension in detail.

____ No, I have not had any license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended.

____ Yes, I have had a license, permit, or privilege to operate a motor vehicle denied, revoked, or suspended.

(Please provide all facts and circumstances in detail below. If more space is necessary, please use a separate sheet of paper, sign that sheet of paper, and attach to this application).