



Work Preference: \_\_\_\_\_ Full-Time                      \_\_\_\_\_ Part-Time                      \_\_\_\_\_ Substitute

Subjects/Grades Qualified to Teach: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Date available for work..... \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you applying for a position with a specific school?.....  Yes  No

If yes, please identify the school and city: \_\_\_\_\_

Geographic area to which you are willing to travel: (check as many as apply)

- Fall River                       New Bedford area (refers to New Bedford, Acushnet, Fairhaven, Dartmouth)
- Taunton                          Cape Cod area (refers to Buzzards Bay, Hyannis, South Yarmouth)
- Attleboro area (refers to Attleboro, North Attleboro, Mansfield)

**Ordinarily professional educators must possess a current Massachusetts' Educator License for appropriate grade, class and subjects being taught, or be actively working toward licensure.**

Are you currently licensed in Massachusetts as a Teacher or Administrator?.....  Yes  No

If yes, please provide the following information:                      Certificate number \_\_\_\_\_

Issue Date \_\_\_\_\_                      Expiration Date \_\_\_\_\_

Field(s) & Level(s) \_\_\_\_\_

Type     Temporary                       Preliminary                       Initial                       Professional

If no, are you currently licensed in any other state as a Teacher or Administrator? Which state? \_\_\_\_\_

Please explain your plan to acquiring licensure in MA. \_\_\_\_\_

### Educational Background

**A.** List last three (3) schools attended, starting with most recent.-include name, city and state of the schools **B.** List dates attended **C.** Indicate degree or diploma earned, if any. **D.** Major field of study.

A. SCHOOL NAME, CITY & STATE	B. DATES ATTENDED	C. DEGREE/ DIPLOMA	D. MAJOR

## Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

EMPLOYER	<u>DATES EMPLOYED</u>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER
EMPLOYER	<u>DATES EMPLOYED</u>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER
EMPLOYER	<u>DATES EMPLOYED</u>		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	FROM	TO	
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR	SUPERVISOR'S TITLE	PHONE #	REASON FOR LEAVING
MAY WE CONTACT FOR REFERENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> LATER

**Comments** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT \_\_\_\_\_

## References

Please list three employment references from previous employers and one character reference whom you will ask to submit WRITTEN and SIGNED recommendations. References should have a specific knowledge of your professional preparation and experience and/or character.

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
Employment reference	( )	
Employment reference	( )	
Employment reference	( )	
Character reference	( )	



**PREEMPLOYMENT STATEMENT**

*(Please read carefully and sign the statement below)*

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 liability. I understand that the schools of the Diocese of Fall River do not participate in COBRA or the Massachusetts Unemployment Compensation Program. I certify that if married, my marriage is recognized as valid by the Roman Catholic Church.

It is my understanding that this employment application, or granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that if hired, my employment will be at -will in nature and may be terminated, with or without cause, at any time, by myself or my employer. I also understand that this written statement supersedes any and all oral representations made by the agents or representatives of this organization.

I understand that my employment is dependent upon a satisfactory, as determined by the Superintendent, criminal background investigation report and national fingerprints report.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize this organization to investigate my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form or accompanying resume shall be sufficient cause for denial of employment or discharge.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

