



Ipswich Public Schools

Dr. Brian J. Blake
Superintendent of Schools

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Employment Application

NAME: _____

CURRENT ADDRESS: _____

PRIMARY PHONE: _____

EMAIL ADDRESS: _____

AVAILABLE START DATE: _____

POSITION APPLIED FOR (PLEASE CHECK):

<input type="checkbox"/> Teacher	<input type="checkbox"/> Custodian	<input type="checkbox"/> Van/Bus Driver
<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Food Service	<input type="checkbox"/> Lunchroom Aide
<input type="checkbox"/> Behavioral Specialist	<input type="checkbox"/> Clerical/AP	<input type="checkbox"/> Substitute
<input type="checkbox"/> Nurse	Other (Please Specify): _____	

For Van/Bus Drivers:

MA Operator's License Number: _____ Class: _____

Date of Expiration: _____

GRADE LEVEL (CIRCLE ONE OR MORE)

Elementary School Grades K, 1, 2, 3, 4, 5	Middle School Grades 6, 7, 8	High School Grades 9, 10, 11, 12
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SUBJECT AREAS (IF APPLICABLE): _____

For office use only:

RESUME: _____ CORI: _____ FINGERPRINTING: _____ APPROVAL: _____

Please complete sections 1-3 or attached resume

1. EDUCATION

Name of School and Location	Degree or Diploma	Date Awarded	MAJOR Subject and Semester Hours	MINOR Subject and Semester Hours
High School:				
Undergraduate:				
Graduate:				
Vocational:				
Other:				

2. TEACHING EXPERIENCE (If applicable)

Name of School and Location	Dates		Number of Years	Nature of Work Specify grades taught, subject, extra-curricular work
	From MO/YR	To MO/YR		

3. WORK EXPERIENCE

TO	FROM	Location and Description of Work Performed

Personal Data:

1. Please give title, license number and levels of licensure you hold in Massachusetts:

2. Please give title, license number and levels in which you are licensed in other states:

3. Please list any extracurricular activities you feel you are qualified to coach or supervise:

4. Please list any additional qualifications or certifications:

References

Please list below or attach with resume.

These should be people qualified to provide information with regard to your qualifications and work performance.
Please include all superintendents and principals under whom you taught.

Name	Address	Position	Phone Number

I hereby authorize Ipswich Public Schools to investigate all statements contained in this application. I authorize and request that my references and present and former employers furnish information about my employment record, including a statement of reasons for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment. I hereby release my references and present and former employers, and their agents and employees, from any and all liability for damages arising from furnishing the requested information.

I understand that any offer of employment is subject to my successful completion of Ipswich Public Schools' hiring process, including reference checks, a Criminal Offenders Record Information (CORI) check and fingerprint-based criminal history checks. All new employees are required to complete the Criminal Offender Record Information (CORI) request and have fingerprint-based criminal history checks.

I acknowledge that I have received and signed the Ipswich Public Schools' Drug-Free Workplace Policy.

It is unlawful in Massachusetts to require or administer a lie detector test as condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. M.G.L. c. 149, Sec. AB(2)(b).

Ipswich Public Schools is committed to maintaining a work and learning environment free from discrimination on the basis of race, color, religion, national origin, pregnancy, gender identity, sexual orientation, marital/civil union status, ancestry, place of birth, age, citizenship status, veteran status, political affiliation, genetic information or disability, as defined and required by state and federal laws. Additionally, we prohibit retaliation against individuals who oppose such discrimination and harassment or who participate in an equal opportunity investigation.

I hereby certify the information provided is complete and correct and recognize that I may be terminated or non-renewed from my position if the application information is subsequently found to be untrue or incomplete.

Applicant Signature: _____ **Date:** _____