

The Gloucester Public Schools

Our mission is for all students to be successful, engaged, lifelong learners

6 School House Road
Gloucester, MA 01930

978-281-9801

Fax: 978-281-9899

Website: www.gloucesterschools.com

Please print all information requested
in black ink or type, except signature.

Employment Application

I. Personal Information

Position applied for: _____

Name of applicant: _____
Last First Middle

Former name(s) by which transcripts may be identified: _____

Mailing address: _____ Phone # _____
Number and Street City State Zip Code

Home address: _____ Phone # _____
(If different from above) Number and Street City State Zip Code

Email address: _____

Social security #: _____ (Requested, not required)

Are you a U.S. citizen? _____ Yes _____ No

Are you legally authorized to work in the USA? _____ Yes _____ No If yes, what is your Alien # _____

II. Employment History (Newly qualified teachers should include their student teaching)

Have you been employed previously by the Gloucester Public Schools or the City of Gloucester? _____ Yes _____ No

If yes, where and when? _____

Current Employer: _____

Address: _____

Position Held: _____ Salary: _____

From (mm/dd/yy): _____ To (mm/dd/yy): _____ Reason for Leaving: _____

Previous Employer: _____

Address: _____

Position Held: _____ Salary: _____

From (mm/dd/yy): _____ To (mm/dd/yy): _____ Reason for Leaving: _____

Previous Employer: _____

Address: _____

Position Held: _____ Salary: _____

From (mm/dd/yy): _____ To (mm/dd/yy): _____ Reason for Leaving: _____

CONTINUE ON ANOTHER SHEET OF PAPER AS NECESSARY

III. Education

Secondary Education

High School: _____ Location: _____ Year Graduated: _____

Area of Study: _____

Post-Secondary Education

Degree	Major/Minor	University/College	Address	Date Awarded
AA/Other				
BA/BS				
MA/MS				
MA/MS				
C.A.G.S.				
Ph.D./Ed.D.				
Other				

NOTE: COLLEGE TRANSCRIPTS SHOULD BE FORWARDED WITH THIS APPLICATION

IV. Professional Licenses/Certification

State	Licensed Subjects	Stage of License (Application Made/Temporary/ Preliminary Initial/Professional)	License Number	Date Issued

Please specify other language ability (including sign language): _____

V. Professional Affiliations

List organizations of which you are a recognized member:

VI. References

Name and Telephone #	Position Held/Location	Address
<hr/> Tel #:		Street: _____ City: _____ Zip: _____
<hr/> Tel #:		Street: _____ City: _____ Zip: _____
<hr/> Tel #:		Street: _____ City: _____ Zip: _____

VII. Background Check

An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to inquiry herein relative to prior arrests, criminal court appearances, or conviction.

Have you ever been convicted of a crime, excluding stationary traffic violations? _____ No _____ Yes _____ No Record

If yes, explain on a separate page the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:

Do you have a valid driver’s license? _____ No _____ Yes

Have you ever served honorably in the US Armed Forces? _____ No _____ Yes If yes, how long? _____

Have you ever been denied a teaching or other license required for you to practice or had the certificate/license suspended or revoked? If yes, please provide details

Do you have a health condition which would make it difficult for you to undertake the work on a regular basis? If yes, please provide details?

Are you able to perform the essential job functions required of this position with or without reasonable accommodation?

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that any misrepresentation or knowing omission of information provided in this application or my interview(s) may result in discharge.

APPLICANT'S SIGNATURE: _____

DATE: _____

The Gloucester Public Schools is an equal opportunity employer.

**For School Department
Office Use Only**

Appointment Check

Position: _____

Location: _____

Replacing: _____

Appointment to Commence: _____

Person Making the Recommendation: _____ Date: _____

Appointment Approved by the Superintendent: _____ Date: _____

Compensation and Benefits

Work Days: _____ Salary: _____ Number of Payments: _____

Sick Days: _____ Bereavement Days: _____ Personal Days: _____

Allowances; i.e., Uniforms, Shoes, etc.: _____

Approved by: _____ Date: _____

Supplementary Stipends

Position Stipend: _____

Approved by: _____ Date: _____

Position Stipend: _____

Approved by: _____ Date: _____

Miscellaneous

Pension _____

Health Benefit _____

403(b) _____

Other _____