

MAYNARD PUBLIC SCHOOLS 3-R Tiger Drive, Maynard, MA 01754 APPLICATION FOR EMPLOYMENT

www.maynard.k12.ma.us

The Maynard Public Schools are an equal opportunity employer. Federal and State Laws prohibit discrimination in employment based on race, color, sex, religion, age, handicap, disability, or national origin. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, handicap, disability or national origin.

Date:	Social Sec	curity #	Date of Bi	rth
First Name:		Middle:	Last Name: _	
Address:				
City:	State:	Zip Code		
Phone #		□ cell		□ cell □ home
Email				□ nome
If applicable: DES	SE License #		MEPID	
Are you a United S (If not, do you have Please check <i>ALL</i> t	e the legal right to		y in the United States?) _	Yes No
other Spaniaddition to	sh culture or origin "Hispanic or Lating Indian or Alaska N	n, regardless of race o." <i>Native</i> . A person hav	n, Puerto Rican, South or Co. The term, "Spanish origing origins in any of the original who maintains tribal affiliation."	n," can be used in inal peoples of North
Indian subco	ntinent including, fo	•	peoples of the Far East, Sou a, China, India, Japan, Korea m.	
•			ins in any of the black racial dition to "Black or African A	O 1
	vaiian or Other Pa Juam, Samoa, or other	•	erson having origins in any o	f the original peoples
<i>White</i> . A pe Africa.	rson having origins	in any of the original	peoples of Europe, the Mido	dle East, or North

Employment Desired:					
Position:	Date you				
Days Available to work	Shift:				
Have you ever applied to t	his School System before	e? If yes	, when?		
Education	Name of School	Years Attended	Date Graduated	Degree/s (Bachelor/Master/Etc)	

Former Employers: (List below starting with the last one)

From / To	Name/Address of Employer	Salary	Position	Reason for Leaving

References: (List below the names of two people, not related, who have known you for more than one year and whom we may contact for references).

Name	Address	Phone	Years Acquainted
Applicant must pass a CORI ch	neck and be Fingerprinted bet	fore employment.	
I certify that the statement I ha Schools permission to verify treferences and educational rec will be sufficient cause for the misleading information is disco abide by the rules and regulation	he accuracy and completene ords. I understand that any e rejection of this application overed after my employment.	ess of this information false or misleading sta or for immediate disr If I am accepted for ea	and to investigate a atements made by m missal if such false
Date:	_ Signature:		
Internal Use Only:			
Interviewed by:	Date:	Start Da	te·

Comments: