



Employment Application

North River Collaborative considers applications for all positions without regard to race, color, religion, creed, gender, gender identity, national origin, ancestry, age, disability, marital, active military, or veteran status, sexual orientation, or any other legally protected status.

This application for employment shall be considered active for the period of time up to the filling of the position. Any applicant wishing to be considered for employment after this time should inquire as to whether or not applications are being accepted at that time.

Date: ___/___/___

Name: _____

1. Address: _____ City/Town: _____ State: _____ Zip Code: _____

2. Home Telephone: _____ Cell Telephone: _____

3. Position for which you are applying _____

Please review the job description for this position. Can you perform all of the job responsibilities as listed with or without accommodations? YES _____ NO _____

5. Massachusetts Teachers' or Therapists' License

Fields/Levels for which you are certified

Field:

Level:

License:

6. Have you ever filed an application with us before? YES _____ NO _____ If so, for what position did you apply?

6. Have you ever been employed with us before? YES ___ NO ___ Dates: _____ to _____ Position: _____

7. Are you currently or have you ever received a retirement allowance from another (state or municipal) retirement system? YES _____ NO _____

9. Are you currently employed? YES _____ NO _____ If yes, may we contact your present employer? YES _____ NO _____

10. Upon employment, will you be able to submit verification of your legal right to work in the United States? (Proof of citizenship or immigration status will be required upon employment) YES _____ NO _____

11. What date are you able to begin work? _____

12: Are you currently on lay-off status and subject to recall? YES _____ NO _____

13. Can you travel with your own transportation between school buildings if required? YES _____ NO _____

EDUCATION- Not necessary if all details are included in resume (please attach)

	Name/Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extracurricular activities (i.e. Braille-read/write, augmentative communication systems, sign language, etc.).

Describe any job-related training received in the United States Military:

How would you rate your skills from 1-4 (with 4 being very skilled) with the following equipment/software?

MS Word _____ MS Excel _____ MS PowerPoint _____

EMPLOYMENT EXPERIENCE - Not necessary if all details are included in resume (please attach)

Please start with your present or last job. Include any job-related military service assignments and verifiable volunteer experience. You may exclude organizations which indicate race, color, religion, gender, national origin; handicap or other protected status, unless you desire to include it.

Employer: _____ Dates Employed: FROM _____ TO _____

Supervisor _____

Address: _____ City: _____ State: _____ Zip : _____

Job Title: _____ Work Performed: _____

Reason for Leaving: _____

Employer: _____ Dates Employed: FROM _____ TO _____

Supervisor _____

Address: _____ City: _____ State: _____ Zip : _____

Job Title: _____ Work Performed: _____

Reason for Leaving: _____

Employer: _____ Dates Employed: FROM _____ TO _____

Supervisor _____

Address: _____ City: _____ State: _____ Zip : _____

Job Title: _____ Work Performed: _____

Reason for Leaving: _____

List professional, trade, business or civic activities and offices held. (*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*):

REFERENCES (References will be checked)

Name: _____ Phone: _____

Relationship to Applicant (former employee, etc.) _____

Name: _____ Phone: _____

Relationship to Applicant (former employee, etc.) _____

Name: _____ Phone _____

Relationship to Applicant (former employee, etc.) _____

I understand as a condition of an offer of employment, I agree to a fingerprint-based state and national criminal record check: ____ Yes ____ NO

(The costs of the fingerprinting are the responsibility of the employee)

"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."

Medical Examination

I understand that any offer of employment may be conditioned on a medical examination by a doctor selected by North River Collaborative and I hereby consent to such examination. Also, if hired, North River Collaborative may require that I undergo a medical examination at such other time as required. **INITIAL**

Statement of Compliance

I agree that, if accepted for employment, I will abide by all rules and policies and procedures of the North River Collaborative as they may change from time to time. **INITIAL**

If employed, I authorize the North River Collaborative, its employees and/or agents to provide any and all information (except prior salary/pay information) regarding my employment history to any prospective employer who makes such a request of the North River Collaborative. The request may be in writing or made orally. Likewise, North River Collaborative, its employees and/or agents may provide the information orally or in writing. I understand and agree that I will not bring any action against North River Collaborative, its employees or agents, and/or against the prospective employer, its employees or agents which relates to this release and/or the provision of information pursuant to this release. **INITIAL**

Statement of Truth

I certify that the information that I have provided on this application and in association with this application for employment is 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, including a complete reference check. I understand that any falsification, fabrication, unreasonable embellishment or omission of facts called for on this application or submitted by me in association with this application, as adjudged by the employer in its sole discretion, may result in denial of employment or in the event that I am hired, upon the discovery of such falsification, fabrication, unreasonable embellishment or omission, in immediate dismissal. Further, I understand that the employer may rescind any offer of employment if any references are inadequate or unacceptable to the employer. **INITIAL**

Signature: _____ Date: _____