



# NASHOBA

## Regional School District

### APPLICATION FOR EMPLOYMENT

Applicants for employment are considered without regard to age, physical, mental or psychiatric disability, genetics, race, religion, sex, sexual orientation, gender identity, gender expression, marital status, national origin, or military status.

(PLEASE PRINT.)

Date of application: \_\_\_\_\_

Applying for: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Telephone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No  
If yes, give date \_\_\_\_\_

Are you employed now?  Yes  No  
May we contact your present and previous employer?  Yes  No

Are you a U. S. Citizen?  Yes  No  
If no, do you possess a valid work permit?  Yes  No

(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work?  Full Time  Part-Time  Summer  Temporary  Over-Time

Are you on a lay-off and subject to recall?  Yes  No

**Education**

	Elementary	High	College/University	Graduate/Professional
Name of School				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received: \_\_\_\_\_

Certification(s): \_\_\_\_\_

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

**AGREEMENT:** I certify that the information on this application is true, complete, and correct. I authorize the *Nashoba Regional School District* 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 shall be sufficient cause for denial of employment or discharge. I understand that I will also be subject to CORI (and SAFIS) clearance as stated in policy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Employment Experience

Start with your present or last job. Include military service assignments and any verified work performed on a volunteer basis. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

### **Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience.

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Veteran of the U. S. military service?

Yes

No

If yes, Branch \_\_\_\_\_

Please describe any special skills or training acquired while in the service. \_\_\_\_\_

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Indicate what foreign languages your speak, read, and/or write

Fluently

Good

Fair

Speak \_\_\_\_\_

Read \_\_\_\_\_

Write \_\_\_\_\_

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### REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

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# NASHOBA

Regional School District

(O) 978-779-0539

50 Mechanic Street Bolton, Massachusetts 01740

(F) 978 -779 - 5537

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## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

**Nashoba Regional School District** is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. **Nashoba Regional School District** has authorized **Nashoba Regional School District** to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Nashoba Regional School District** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Nashoba Regional School District** with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact **Nashoba Regional School District** to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Nashoba Regional School District** on behalf of **Nashoba Regional School District** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Nashoba Regional School District** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Location:  NRHS  FSS  Hale  Center  Luther Burbank  MRE  District

Applicant  Substitute  Volunteer  Chaperone  Contractor, Name of Company \_\_\_\_\_



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## SUBJECT INFORMATION:

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name                                      Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

Last Six (6) Digits of Your Social Security Number (**Required**): XXX - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sex: \_\_\_\_      Height: \_\_\_\_ ft. \_\_\_\_ in.      Eye Color: \_\_\_\_      Race: \_\_\_\_

Driver's License or ID Number: \_\_\_\_\_      State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Mother's Maiden Last Name

\_\_\_\_\_  
Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

The above information was verified by reviewing the following form(s) of government issued identification:

\_\_\_\_\_  
**VERIFIED BY:** \_\_\_\_\_  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee