



DARTMOUTH PUBLIC SCHOOLS
 8 Bush Street, Dartmouth, MA 02748
 Phone: 508-997-3391 Fax: 508-991-4184
 Website: dartmouthps.schoolfusion.us

Application for Employment

The Dartmouth Public Schools is an affirmative action employer, ensuring that its programs and facilities are accessible to the public. We do not discriminate on the basis of race, creed, color, age, sex, gender identity, national origin, disability or sexual orientation.

(Please print or type)

Date of Application: _____

Position Applied for:

SUBSTITUTE TEACHER ASSISTANT

(minimum of two years of college required to be considered for the substitute teacher list)

Level Requested:

High School

Middle School

Elementary

First Name _____

Middle Initial _____

Last Name _____

Telephone () _____

Email Address: _____

Home Address (including city, state/zip code) _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
 (Proof of citizenship or immigration status may be required upon employment)

Date you would be available for work? _____

Education

	High	College/University	Graduate/Professional
School Name/ Location			
Years/Grade Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe Specialized training, Apprenticeship, Skills			
Honors Received or Notable accomplishments			

Employment Experience

Start with your present or last job. Include military service assignments and relevant volunteer activities.

Employer	Telephone ()	Dates Employed From To	Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			

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

Special Skills and Qualifications: Summarize special skills and qualifications for this position that you have acquired from your employment or other experience:

Are you certified to teach in Massachusetts? ___ Yes ___ No ___ Pending

If yes, evidence of current certification must be presented to the Personnel Office and kept on file. Differentiated payment for certification will **not** be given until such certification has been submitted by the applicant and approved.

Massachusetts Certification Number _____ Field(s) _____

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

Applicant's Statement

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 this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Dartmouth Public Schools.

Signature of Applicant _____

Date _____