



## Application for Employment

Academic Year \_\_\_\_\_ Summer Program Year \_\_\_\_\_ On-Call Substitute \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
First M.I. Last

Address \_\_\_\_\_  
Street Apt

City State ZIP E-mail: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employment History: (Do not write "See Resume")

<u>Employer / Address</u>	<u>Last Position Held</u>	<u>Employed From / To</u>	<u>Salary</u>	<u>Reason For Leaving</u>	<u>Contact Name/Phone</u>
_____	_____	_____/____	_____	_____	_____
_____	_____	_____/____	_____	_____	_____
_____	_____	_____/____	_____	_____	_____
_____	_____	_____/____	_____	_____	_____
_____	_____	_____/____	_____	_____	_____

Education: (transcripts required upon offer)

High School Diploma/GED  Associates Degree  Bachelors Degree  Masters Degree  Other \_\_\_\_\_

Position Applying For: \_\_\_\_\_

If applying for a position that requires certification/licensure in Massachusetts complete the following:

Status:  Received (copy enclosed)  Pending (explain) \_\_\_\_\_  None (explain) \_\_\_\_\_

Type of Cert/Lic \_\_\_\_\_ Level \_\_\_\_\_ Valid from \_\_\_\_\_ to \_\_\_\_\_

Other State's Certification(s)/Licensure(s): \_\_\_\_\_

\_\_\_\_\_

General Information:

Are you a U.S. Citizen?     Yes                     No

If not, are you eligible to work in the United States?     Yes                     No

Have you ever had a professional certificate or license revoked or suspended?

No     Yes, explain \_\_\_\_\_

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How did you hear about the Consortium? \_\_\_\_\_

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It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other person's, corporations, or organizations for furnishing such information.

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