

Palmer Public Schools

24 Converse Street, Suite 1
Palmer, Massachusetts 01069-1770
(413) 283-2650

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition, handicap or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

DATE: _____

Position(s) applied for : _____

Last Name _____ First Name _____ M.I. _____

Street _____ City _____ State _____ Zip _____

Telephone _____ Social Security Number _____

Completed: (circle all that apply) High School 2 yr. College 4 yr. College Other _____

If you are presently a college student, please list days and dates available _____

If you are under 18, can you provide proof of your eligibility to work? Y N

Have you ever filed an application with us before? Y N give date _____

Are you currently employed? Y N

May we contact your present employer? Y N

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment)

On what date are you available to work? _____

Are you available to work: full time part time temporary

Are you currently on "lay off" status or subject to recall? Y N

Have you been convicted of a felony within the last 7 years? Y N
(conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

EDUCATION

	Elementary School				High School				Undergrad. College/Univ.				Graduate/Professional			
School name/location																
Years completed	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study																
Describe any specialized training, apprenticeship, skills, and extra curricular activities.																
Describe any honors you have received																
State any additional information you feel may be helpful to us in considering your application.																

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

REFERENCES

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

1. _____

2. _____

3. _____

To the best of your knowledge, are you related to any employee or School Committee member of the Palmer Public Schools? Yes No

If yes, name and relationship _____

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe:

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Do you have a C.D.L. license? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Start	Final	
Job Title	Supervisor		
Reason for Leaving			

If additional space is needed, please use separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. _____

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

Name and Title

Date

Notes

