

**Bourne Public Schools**  
 36 Sandwich Road, Bourne, MA 02532  
 508.759.0660 Fax 508.759.1107  
[www.bourne.k12.ma.us](http://www.bourne.k12.ma.us)

**Application for Employment**  
**Professional**

A complete application packet consists of:

1. Application, including resume and letter of interest.
2. Official transcripts (if applicable)
3. Evidence of Certification (if applicable)

Please check levels of interest: Elementary  Middle School  High School Other: \_\_\_\_\_

Last:	First:	Middle:
Address:		
Telephone:	Cell:	Email:

I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that inquiries may be made in processing this application. If hired, I understand that any false statement could result in dismissal.

**Education**

	High School/Trade School	College or University	Graduate/Professional	Additional High Education
School Name City and State				
Years Completed				
Diploma/Degree				
Course of Study Major/Minor				

**Professional Licenses and Certifications**

License / Designation	Number	Date Attained	Issuing State

**References**

List here the names of those individuals who have supervised your work experience and those who can attest to your academic and professional training. Experienced teachers should list two supervisory references from their most recent teaching position.

Name	Title and Company	Primary Number

**Employment Experience**

Start with your present or last position. If you need additional space, please continue on a separate sheet of paper.

1

Employer	phone# (	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Name and Title of immediate Supervisor		Starting	Final	
Reason for Leaving				

2

Employer	phone# (	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Name and Title of immediate Supervisor		Starting	Final	
Reason for Leaving				

3

Employer	phone# (	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
Name and Title of immediate Supervisor		Starting	Final	
Reason for Leaving				

**To All Applicants:**

During the course of the staff selection process, it is possible that the information you have submitted in support of your candidacy will be reviewed by professional employees of the Bourne Public Schools other than those to whom it was originally addressed, School Committee members of a screening committee who are not employees of the Bourne Public Schools. Your consent is needed before such a review can take place.

I hereby agree to a review of my application folder by any individual or group of individuals involved in the staff selection process.

I hereby affirm that all information supplied by me in support of my candidacy is true and complete.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Bourne Public Schools does not discriminate on the basis of age, gender identity, disability, homelessness, sex, race, color, religion, sexual orientation or national origin.*

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Bourne Public Schools 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. 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 **The Bourne Public Schools** 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 **The Bourne Public Schools** with written notice of my intent to withdraw consent to a CORI check. FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: **The Bourne Public Schools** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **The Bourne Public Schools** 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 in this Acknowledgement Form is true and accurate.**

\_\_\_\_\_ signature

\_\_\_\_\_ date

PLEASE CIRCLE ONE:

EMPLOYEE

SUBSTITUTE

VOLUNTEER

(rev. July 2012)

### SUBJECT INFORMATION: *(Please print clearly-if form is illegible, it will be returned)*

\_\_\_\_\_ Last name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Initial

\_\_\_\_\_ Suffix

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

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

\_\_\_\_\_ Place of birth

\_\_\_\_\_ Last six digits of your Social Security #

\_\_\_\_\_ Race

Gender: \_\_\_\_\_

Height: \_\_\_\_ ft. \_\_\_\_ in.

Eye color: \_\_\_\_\_

\_\_\_\_\_ Driver's License or ID Number

\_\_\_\_\_ State of Issue

\_\_\_\_\_ Mother's full name [include maiden name in (\_\_\_\_)]

\_\_\_\_\_ Father's full name

\_\_\_\_\_ Current Address (include mail & street)

\*\*\*\*\*  
**(IF NOT AT THE ABOVE ADDRESS 10 YEARS OR MORE, PLEASE PROVIDE ADDITIONAL INFORMATION BELOW)**

\_\_\_\_\_ Former addresses

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

VERIFIED BY: \_\_\_\_\_

\_\_\_\_\_

Name of Verifying Employee (please print)

Signature of Verifying Employee