

STOUGHTON PUBLIC SCHOOLS

March 8, 2004

232 Pearl Street

Stoughton, Massachusetts 02072

781-344-4000

FAX 781-344-3789

CONFIDENTIAL INFORMATION

Concerning

Name

Permanent Address: _____ Telephone (home): _____

City State Zip Code (business): _____

High School Attended: _____

Position Desired (Grade or Subject): _____

Present Position: _____ Salary: _____

Date of Application: _____ Social Security Number (Optional): _____

RECORD OF ATTENDANCE IN POST-SECONDARY INSTITUTIONS

INSTITUTION	MAJOR	DATES OF ATTENDANCE	DIPLOMA OR DEGREE

An official transcript of post-secondary school courses must be filed with this application.

Memberships in Professional
and Civic Organizations:

MA CERTIFICATION NO.	FIELD(S) OF CERTIFICATION				DATE OF CERTIFICATION		
					MONTH	DAY	YEAR

Professional Experience (Inexperienced teachers must list practice teaching experience.)
 (List positions in chronological order, giving month and year.)

DATES From - To	INSTITUTION	LOCATION	GRADE OR SUBJECT	SALARY, if any

List outstanding professional achievements of your employment. Submit material as evidence if possible.

Are you under contract for the next school year? _____

List extra-curricular activities that you are competent to supervise. Include any type of paid or volunteer work done with youth.

Honors (List Academic Honors or other recognition awarded you.)

Military Experience
 Branch of Service

Term of Service

Business Experience

DATES From - To	FIRM	LOCATION	TYPE OF WORK

Do you have any relative and/or member of your household employed by the Stoughton School Department?

Yes _____ No _____ If yes, please list.

Name(s): _____

Candidate's Statement

(Please use this space to give further evidence of your professional competence and your interest in serving education.)

If you wish to participate in the Retired Municipal Teachers Program, for continuing insurance with the Group Insurance Commission after retirement, and you are eligible to do so, you are required to continue your insurance coverage through the Town until your retirement, pursuant to G.L. c. 32A, Sec. 12. You should contact the Group Insurance Commission at 617-727-2310, extension 806, for more information.

Publications

References (at least three, one of whom must be an evaluator/administrator)

1. _____
Name Position Telephone No.

Street City/Town State Zip Code

2. _____
Name Position Telephone No.

Street City/Town State Zip Code

3. _____
Name Position Telephone No.

Street City/Town State Zip Code

Salary desired _____

Date available _____

I, _____, fully understand and agree that during the staff selection process my application materials may be reviewed by Stoughton Public Schools personnel and others besides those to whom the material was originally addressed. Moreover, I fully understand that, if hired, my application materials will become part of my permanent record and that any misstatements of material facts shall constitute grounds for discharge.

In the event that I do become a candidate for a position in Stoughton Public Schools, I AUTHORIZE criminal and other pre-employment background checks.

Applicant's Signature

Date

Please return this application and have all related information including all college transcripts, current letters of reference, and certificates/proof of certifiability forwarded to:

**STOUGHTON PUBLIC SCHOOLS
OFFICE OF THE SUPERINTENDENT
232 PEARL STREET
STOUGHTON, MASSACHUSETTS 02072**

Stoughton Public Schools does not discriminate on the basis of race, color, religious creed, national origin, sex, sexual orientation, age, ancestry, or handicap in its admission or access to, or treatment or employment in its programs and activities.

Application materials are subject to the
Rights and Privacy Act of 1974

APPLICATIONS REMAIN ON FILE UNTIL MARCH 1 OF EACH YEAR

OFFICE USE ONLY

Interviewed by: _____ Date: _____

Action Taken:

Recommended for appointment

Not recommended for appointment

Application filed for future reference

Starting Salary on Schedule:

Date of Appointment: