

Date of Filing Application: _____

Job Posting #: _____



**SAUGUS PUBLIC SCHOOLS
EMPLOYMENT APPLICATION
PROFESSIONAL STAFF
Application**

Ms., Mrs., Mr. _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Social Security No.: _____ Tel No.: _____ E-mail: _____

Position For Which You Are Applying? _____ (1st Choice) _____
Subject/Area Grade/Level

(2nd Choice) _____
Subject/Area Grade/Level

Are you receiving a Massachusetts Retirement or Disability pension? No Yes*

*If yes, note your income is limited according to M.G.L. c. 32 § 91(b) & (c) and you can not work more than 960 hours in the service of the Commonwealth or a political subdivision thereof in a calendar year.

Massachusetts License #: _____ Subject Area/Level _____

Subject Area/Level _____

Other Licenses/Certificates: _____

It is the responsibility of the applicant to submit transcripts of college records, evidence of current Massachusetts licensure, resume, letter of intent, and three letters of reference, at least three which speak to the candidate's professional competence and potential written by persons knowledgeable thereof

FOR OFFICE USE ONLY

Application Checklist

- | | |
|---|---|
| _____ Transcripts (Degree) _____ | _____ Letters of Reference (1) __ (2) __ (3) __ |
| _____ MA License # _____ | _____ Health Certificate |
| License Area & Status: _____ | _____ CORI Check |
| _____ Teaching Experience (# Years): | _____ I-9 Form |
| _____ Acknowledgements | _____ MTRB Form |
| _____ Drug-Free Workplace _____ | _____ W-4 Form |
| _____ Tobacco Use on School Property _____ | |
| _____ Non-Discrimination & Harassment _____ | |
| _____ Internet Access _____ | |

Personnel Checklist

- | | |
|--|-----------------------|
| Start Date: _____ | Location: _____ |
| Column _____ Step _____ | Position/Title: _____ |
| Salary: _____ | Hourly Rate: _____ |
| FTE: ___ .25 ___ .50 ___ .75 ___ 1.0 Other _____ | Differential: _____ |

Payroll Check List

- | | |
|------------------------|----------------------------|
| Department Code: _____ | Funding Source/Code: _____ |
|------------------------|----------------------------|

REFERENCES (Other than those letters of reference submitted)

Give names of those who have closely observed or supervised your work as a teacher, administrator, or as a student.

First Name MI	Last Name	Official Position	Present Address City/Town	State	Telephone No.

STATEMENT OF CANDIDACY

Write a brief statement to give additional information regarding your candidacy, to include, your philosophy of education, professional aspirations, personal approach to teaching, skills and demonstrated competencies that you believe will impact and/or contribute to the educational process in the Saugus Public Schools. (DO NOT TYPE)

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history.

Date: _____ Applicant's Signature: _____

Please submit application to:

**Saugus Public Schools
Superintendent's Office
23 Main St.
Saugus, MA 01906**

The Saugus Public Schools is an Equal Opportunity/Affirmative Action Employer and is in compliance with Federal regulations prohibiting discrimination in employment on the basis of race, color, religion, national origin, age, gender, sexual orientation, or disability.