

Date of Filing Application: _____

Job Posting # _____



SAUGUS PUBLIC SCHOOLS
EMPLOYMENT APPLICATION
SUPPORT 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? _____ Paraprofessional _____ Custodian _____ Other
_____ Clerical _____ Cafeteria

Application is for: _____ Permanent Position _____ Substitute Position _____ Both
_____ Full-time _____ Part-time _____ Either

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.

Civil Service Status: (If Applicable) Are you registered on a current list? Yes No

Have you taken an examination? Yes N Date of examination: _____

Title of examination? _____

It is the responsibility of the applicant to submit, if applicable, transcripts of college records, licenses and certifications, resume, letter of intent, and three letters of reference, at least two which speak to the candidate's competence and potential written by persons knowledgeable thereof

FOR OFFICE USE ONLY

Application Checklist

- | | |
|--|--|
| _____ Transcripts (Degree) _____ | _____ Letters of Reference (1) (2) (3) _____ |
| _____ License/Certificate # _____ | _____ Health Certificate |
| _____ Work Experience: _____ | _____ CORI Check |
| _____ Acknowledgements | _____ I-9 Form |
| <i>Drug-Free Workplace</i> _____ | _____ Retirement Form |
| <i>Tobacco Use on School Property</i> _____ | _____ W-4 Form |
| <i>Non-Discrimination & Harassment</i> _____ | |
| <i>Internet Access</i> _____ | |

Personnel Checklist

- | | |
|---|-------------------------|
| Start Date: _____ | Location: _____ |
| Classification _____ Step _____ | Position/Title: _____ |
| Provisional Status: _____ | Permanent Status: _____ |
| Salary _____ | Hourly Rate: _____ |
| FTE: _____.25 _____.50 _____.75 ____1.0 Other _____ | Differential: _____ |

Payroll Checklist

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

MILITARY SERVICE (Active Duty)

From		To		Branch of Service/Nature of Work	Rank	Number of	
Mo.	Yr.	Mo.	Yr.			Years	Months

Give details of service duties which might apply to civilian occupations: _____

EDUCATIONAL EXPERIENCE

From		To		School	Location		Course/Major	Graduated	Degree Received
Mo.	Yr.	Mo.	Yr.		City/Town	State			
				HIGH					
				BUSINESS					
				VOCATIONAL					
				COLLEGE					
				GRADUATE					
				OTHER					

SKILLS/COMPETENCIES

List any special skills/competencies that you may have: (technology, electrical, carpentry, heating, clerical) _____

List any specialized training or certified programs that you have completed that relates to the position you have applied for:

List the type of office and/or industrial equipment that you have experience working with: _____

REFERENCES (Do not list relatives. List three. Two must be job-related.)

Job-Related: (1) _____
(Name / Institution / Address / Tel. No.)

(2) _____
(Name / Institution / Address / Tel. No.)

Other: (3) _____
(Name / Institution / Address / Tel. No.)

Have you ever been employed by the City of Saugus? Yes No

If yes, indicate department:
Department / Position
Date of Employment
Supervisor

EMPLOYMENT DATA

Employer/Company: _____ Dates of Employment: _____ to _____

Address: _____

Immediate Supervisor: _____ Title: _____ Tel. No.: _____

Description of Duties: _____

Reason for Leaving: _____ Salary at that time: _____

Employer/Company: _____ Dates of Employment: _____ to _____

Address: _____

Immediate Supervisor: _____ Title: _____ Tel. No.: _____

Description of Duties: _____

Reason for Leaving: _____ Salary at that time: _____

Employer/Company: _____ Dates of Employment: _____ to _____

Address: _____

Immediate Supervisor: _____ Title: _____ Tel. No.: _____

Description of Duties: _____

Reason for Leaving: _____ Salary at that time: _____

Employer/Company: _____ Dates of Employment: _____ to _____

Address: _____

Immediate Supervisor: _____ Title: _____ Tel. No.: _____

Description of Duties: _____

Reason for Leaving: _____ Salary at that time: _____

STATEMENT OF CANDIDACY

Write a brief statement to give additional information regarding your candidacy, to include, your personal aspirations and interest in the Saugus School District as well as how you believe your personal skills and competencies will have a positive impact and/or contribute to the educational process of the Saugus Public Schools.

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.