V. STUDENT TEACHING

School	Address	Grade/Subject	Inclusive Dates	Supervisor
1.				
2.				
3.				

VI. PROFESSIONAL EXPERIENCE

Name and Location of School	Assignment/Grade	Inclusive Dates	Total Years	Full-Time Part-Time

VII. WORK EXPERIENCE

Employer	Address	Assignment	Inclusive Dates	Total Years

VIII. PRESENT ASSIGNMENT

Name of School _____

Address _____
Street **Town** **Zip Code**

Type of Assignment _____ **Grade Level** _____

Is your present employer aware that you are seeking a new position? _____

IX. CO-CURRICULAR ACTIVITIES

1. _____ ☐
2. _____ ☐
3. _____ ☐
4. _____ ☐
5. _____ ☐
6. _____ ☐

List those high school, college, athletic, and other co-curricular activities in which you have participated. Check those you are willing and feel qualified to conduct.

X. OTHER PROFESSIONAL EXPERIENCES (Travel, Private Study, Publications, Lecturing, etc.)

Nature of Experience	Inclusive Dates

XI. PROFESSIONAL AFFILIATIONS*

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

**List only relevant educational organizations of which you are a member.*

XII. PROFESSIONAL REFERENCES*

Name	Official Position	Telephone Number
1.		
2.		
3.		

**List at least three (3), one of whom must be an evaluator/administrator*

If you prefer that one or more references not be contacted until you have achieved finalist status, please indicate such request in writing below.

_____

_____

_____

XIII. General

Write a brief statement to give additional information regarding your candidacy which should include your philosophy of education and your professional aspirations.

ALL NEW EMPLOYEES ARE REQUIRED TO COMPLETE A CORI FORM (CRIMINAL RECORD CHECK) BEFORE ASSUMING A POSITION IN THE EASTON PUBLIC SCHOOLS.

I understand that for finalist candidates, at some point in the selection process, the law may require that the information obtained in this application be made available to the public and that the facts set forth herein will be subject to verification.

I affirm that all statements made in this application are true to the best of my knowledge.

_____ Signature

_____ Date

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

EASTON PUBLIC SCHOOLS

50 Oliver Street
North Easton, MA 02356-0359
Telephone: (508) 230-3200
Fax: (508) 238-3563

NAME: _____

I. PERSONAL INFORMATION FOR PROFESSIONAL STAFF EMPLOYMENT

Address _____

Telephone (Home) _____ (Business)_____

Social Security Number __ __ __ - __ __ - __ __ __ __

Have you ever applied for a position in or have you ever been employed by Easton Public Schools?
If YES, when?_____ If YES, what position(s)?_____

(Proof of citizenship or immigration status will be required upon employment.)

II. POSITION PREFERENCES

____ Elementary (K-6) ____ Special Education
____ Secondary (7-12) ____ Other

III. CERTIFICATION

*Massachusetts Certification No. _____ Other State(s) Certified in_____

Areas or Subjects/Certification 1. _____
2. _____
3. _____

**Include a copy of certificate(s).*

IV. EDUCATIONAL BACKGROUND

	Institution	City	State	From Mo. Yr.	To Mo. Yr.	Credit Hours	Degree
High School							
Undergraduate Study							
Undergraduate Study							
Graduate Study							
Post Graduate Study							

Undergraduate Major _____ Undergraduate Minor _____ Graduate Major_____

Attach Official Transcripts for all undergraduate and graduate students.