

(Office use only) CORI _____
COPY TO: _____

CARVER PUBLIC SCHOOLS

3 Carver Square Boulevard
Carver, MA 02330-1200

Telephone: 508.866.6160

Fax: 508.866.2920

APPLICATION FOR EMPLOYMENT

POSITION SEEKING:

(If only substitute work is available, are you willing to serve as a substitute?)

Yes _____ No _____ See reverse for more details.

PERSONAL DATA:

DATE _____

NAME _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ WORK NUMBER _____

SOCIAL SECURITY NUMBER _____

EDUCATION

High School and/or College

NAME OF SCHOOL

CITY/TOWN STATE

LAST GRADE

COMPLETED

YEAR

GRADUATED

WORK EXPERIENCE

EMPLOYER (Name and address)

APPROXIMATE DATES

Please turn over

REFERENCES

The Carver School Committee requests that references do not include employees of the school department or members of the Carver School Committee.

NAME	ADDRESS	TELEPHONE NUMBER
------	---------	------------------

Are there any additional comments that you wish to add to support your candidacy?

Do you have any special health consideration that would affect your ability to perform this job satisfactorily?

Yes ___ No ___

*It is the applicant's responsibility to furnish an up-to-date **Mantoux (TB Test)** and proof of **immunity to measles, mumps and rubella**, required of all school personnel.*

If you are not the successful candidate for this position, would you be interested in being placed on a substitute list to be called when needed? If so, please indicate areas of interest.

TEACHER ASSISTANT _____	CUSTODIAN _____
LUNCHROOM MONITOR _____	CAFETERIA _____
CLERICAL _____	SECURITY _____

SIGNATURE OF APPLICANT

DATE

Carver Public School District is an Equal Opportunity - Affirmative Action Employer

Please note that this application is good for one year.

12/2006