Douglas Public Schools 21 Davis Street Douglas, MA 01516

Application For Employment				
SUBSTITUTE				
Name:				
Last	First	Middle		
Address:				
No. Street		City	State	Zip
Home Phone:	Work Phone:		Cell Phone:	
Email:				
Please answer all questions below – Pleas	e print clearly			
Date of Application://				
Position(s) applied for PLEASE CH	HECK OEE BELO	W·		
Substitute TeacherSubsti	tute NurseSu	bstitute Custodia	nSubstitute Cafe	eteria Worker
Substitute Paraprofessional	Substitute ABA	TherapistS	ubstitute Secretary	
Referral Source: Website Friend	d Relative I	Employment Age	ncy Advertiseme	nt
Have you completed an application	or been previously	y employed by the	e District?	□No
If yes, which date(s):			_	
Are you a citizen of the United State	tes?	□No		
If no, are you lawfully authorized to			Yes □ No	
Are you available to work:	Full Time Par	t Time		
Have you been laid off and subject	to recall?	es 🗆 No		
The you been laid off and subject	to recuir.	110		
Are you currently retired?	es 🗆 No If ye	s, please state retire	ement system	
Are you currently retired and subbi	ng in another scho	ol district/s?	Yes □ No	
If yes, which district/s				

Excellence in Education

The Douglas Public Schools is committed to maintaining a work and learning environment free from discrimination on the basis of race, color, religion, national origin, pregnancy, gender identity, sexual orientation, marital/civil union status, ancestry, place of birth, age, citizenship status, veteran status, political affiliation, genetic information or disability, as defined and required by state and federal laws. Additionally, we prohibit retaliation against individuals who oppose such discrimination and harassment or who participate in an equal opportunity investigation.

HIGH SCHOOL

School Name		City	State	Year of Graduation
COLLEGE				
1				
School Name 2	Location	Major	Level of Completion	Year(s) of attendance
School Name	Location	Major	Level of Completion	Year(s) of attendance
EMPLOYMENT HIST	ORY			
List each job held. Start include verified work pe	• •	•	nclude military service assig	gnments. You may
include verified work pe	mormed on a volum	teel basis.		
Employer:				
Address:				
Job Title:				
Supervisor:				
Reason for Separation:	:			
Dates of Employment	(MM/DD/YY):			
Duties:				
Employer:				
Job Title:				
Supervisor:				
Reason for Separation:				
Dates of Employment				_
Duties:				
Danes.				
Employer:				
Address:				
Job Title:				
Supervisor:				
Reason for Separation:				
Dates of Employment	(MM/DD/YY):			
Duties:				

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List three work related references, not related to you:				
1				
	Reference Name	Title/Company	Address	Phone
2				
	Reference Name	Title/Company	Address	Phone
3.				
	Reference Name	Title/Company	Address	Phone
I certify that answers given herein are true and complete to the best of my knowledge. I authorize the Douglas Public Schools to make such investigation and inquiries of my personal and employment history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. Appointments are conditional based on a satisfactory CORI and SAFIS Background check per 603 CMR 51.00.				
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Douglas Public School District.				
	Applicant	t's Signature	D	ate

PLEASE RETURN TO:

Douglas Public Schools
Office of the Superintendent
21 Davis Street
Douglas, MA 01516

SUBSTITUTE INFORMATION FORM

What is your school(s) of pre	ference? Please check one or more below.
Douglas Primar	ry School: Preschool – Grade 1
Douglas Elemen	tary School: Grade 2 – Grade 5
Douglas Middle	School: Grade 6 – Grade 8
Douglas High So	chool: Grade 9 – Grade 12
Please add any additional informa	tion about your school/subject of preference:
Are you only available on cer	tain days? Please check the days that you are <u>available</u> below.
Monday	
Tuesday	
Wednesday	,
Thursday	
Friday	
Please add any additional informa	tion about your availability:
Do you possess a Massachuse	etts DESE teaching licensure? If so, please indicate below.
Licensure Number	Feld (Level)