

HIGH SCHOOL

1. _____
 School Name City State Year of Graduation

COLLEGE

1. _____
 School Name Location Major Level of Completion Year(s) of attendance

2. _____
 School Name Location Major Level of Completion Year(s) of attendance

EMPLOYMENT HISTORY

List each job held. Start with your present or last job. Please include military service assignments. You may include verified work performed on a volunteer basis.

Employer: _____
 Address: _____
 Job Title: _____
 Supervisor: _____
 Reason for Separation: _____
 Dates of Employment (MM/DD/YY): _____
 Duties: _____

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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.

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's Signature

Date

PLEASE RETURN TO:
Douglas Public Schools
Office of the Superintendent
21 Davis Street
Douglas, MA 01516

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SUBSTITUTE INFORMATION FORM

What is your school(s) of preference? *Please check one or more below.*

_____ Douglas Primary School: Preschool – Grade 1

_____ Douglas Elementary School: Grade 2 – Grade 5

_____ Douglas Middle School: Grade 6 – Grade 8

_____ Douglas High School: Grade 9 – Grade 12

Please add any additional information about your school/subject of preference:

Are you only available on certain days? *Please check the days that you are available below.*

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

Please add any additional information about your availability:

Do you possess a Massachusetts DESE teaching licensure? *If so, please indicate below.*

Licensure Number	Feld (Level)
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