



Mansfield Public Schools

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

The Mansfield Public Schools prohibits unlawful, discrimination, harassment (including sexual harassment), and retaliation against anyone based on race, color, age, disability, sex (including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation), sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, retaliation, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment.

PERSONAL INFORMATION

First Name	Middle Initial	Last Name
Home Telephone Number	Cell Phone Number	Email Address

Mailing Address

Street	City	State	Zip Code
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Home Address – if different than mailing address

Street	City	State	Zip Code
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EMPLOYMENT DESIRED

Position Applied For	How soon can you start if a job offer is made?
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Do you currently hold another position within the Town of Mansfield or Mansfield Public Schools?

Are you available to work?

<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Coach	<input type="checkbox"/> Substitute
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Can you travel if a job requires it? _____ Yes _____ NO

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing the essential functions of the position for which you have applied? Yes No

EDUCATION

Name of School	City	State	Major	Degree	Years Attended
High School					
Undergraduate College					
Graduate Professional					

EDUCATION CONTINUED

List any additional education or training

COMPLETE INFORMATION IN FULL: Applicants must complete this page even if they are also submitting a resume.

Begin with your most recent employment and include any present employment. Your present employer will not be contacted without your permission. You may include any verifiable work performed on a volunteer basis and any gaps in employment must be briefly explained.

EMPLOYMENT HISTORY

Job #1

Are you employed now?

Company Name	May we contact them?	Y	N
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Telephone Number	Job Title
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Supervisor Name	Supervisor Phone #
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Specific Duties

Dates Employee From:	To:
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Reason for Leaving

Job #2

Are you employed now?

Company Name	May we contact them?	Y	N
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Telephone Number	Job Title
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Supervisor Name	Supervisor Phone #
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Specific Duties

Dates Employee From:	To:
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Reason for Leaving

Job #3

Are you employed now?

Company Name	May we contact them?	Y	N
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Telephone Number	Job Title
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EMPLOYMENT HISTORY CONTINUED – Job #3

Supervisor Name		Supervisor Phone #
Specific Duties		
Dates Employee From:		To:
Reason for Leaving		

CERTIFICATIONS AND LICENSES

List any professional licenses, registrations or certifications you possess.

License/Certification	License #	Date Issued	State Issued	Expiration Date

If you are applying for a SUBSTITUTE position please complete the sections below

Please check which position you are applying for:

- | | |
|--|---|
| <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Substitute for Food Service |
| <input type="checkbox"/> Substitute Nurse | <input type="checkbox"/> Substitute Custodian |
| <input type="checkbox"/> Substitute Special Education Bus Driver | <input type="checkbox"/> Substitute Recess/Lunch Monitors |
| <input type="checkbox"/> Paraprofessional | |

Are you available to work every day? Yes or No If **NO**, Please list the days you are **NOT** available to work

If you are applying to be a substitute Recess/Lunch Monitor please check which school you would like to work in:

- | | |
|---|---|
| <input type="checkbox"/> Robinson Elementary (Grades K-2) | <input type="checkbox"/> Jordan/Jackson Elementary (Grades 3-5) |
|---|---|

If you are applying as a substitute nurse, teacher or paraprofessional please check school and time preference:

<input type="checkbox"/> Robinson	<input type="checkbox"/> Jordan/Jackson	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Roland Green
8:45AM -3:30PM	8:45AM -3:30PM	8:45AM -3:30PM	8:45AM -3:30PM	8:45AM -3:30PM
AM ½ day 8:45-12:00	AM ½ day 8:45-12:00	AM ½ day 8:45-12:00	AM ½ day 8:45-12:00	AM ½ day 8:45-12:00
PM ½ day 12:00-3:30	PM ½ day 12:00-3:30	PM ½ day 12:00-3:30	PM ½ day 12:00-3:30	PM ½ day 12:00-3:30

If you are applying to be a substitute special education bus driver or custodian please complete the section below:

Do you possess the following:

Massachusetts Driver's License

Commercial Driver's License (CDL)

Bus Driver Certificate

School Bus Driver Certificate

Have you had a motor vehicle accident in the past five (5) years? If yes, please describe:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that unless I attain permanent status or am subject to the terms of a collective bargaining agreement and have completed the requisite probationary period, my employee will be at-will, which means that both the Town of Mansfield and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice. 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 employer.

Signature of Applicant

Date

Printed Name

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."
MGL Ch. 149, Section 19B

Voluntary Affirmative Action Request Form

The Town of Mansfield as part of its commitment to Affirmative Action/Equal Opportunity policies invites you to provide the following information. All applicants will be considered without regard to race, color, age, disability, sex(including pregnancy, pregnancy-related conditions, or recovery from these conditions, including but not limited to, lactation),sexual orientation, gender identity or expression, religion or religious belief, national origin, ethnicity, ancestry, retaliation, marital status, genetic information, veteran or military status, limited English proficiency, homelessness, or any other class of individuals protected from discrimination under state or federal law in education, admission, access to or treatment in, its programs, services, benefits, activities, and terms and conditions of employment. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further the Town's Affirmative Action/Equal Opportunity polices. Your cooperation is appreciated.

Name: _____

Gender: Male Female

Ethnic Origin:

- White – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black – All persons having origins in any of the black racial groups of Africa.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.
- Asian or Pacific Islander – All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native – All persons having origins in any of the original people of North America maintaining cultural identification through tribal affiliations or community recognition.
- Cape Verdean – All persons having origins on the Cape Verde Islands.

National Origin: _____

Veteran Status YES NO

Vietnam Era, 1962 – 1975 YES NO

Disabled: YES NO