



# Greenfield Public Schools

195 Federal Street, Suite 100  
 Greenfield, MA 01301  
 Telephone (413) 772-1300

## EMPLOYMENT APPLICATION

As an equal opportunity employer, the Greenfield Public Schools does not discriminate in hiring or in terms and conditions of employment because of an individual's race, creed, ancestry, color, gender, gender identity, age, religion, handicap or disability, marital or veterans status, national origin, sexual orientation, or any other legally protected status. The Greenfield Public Schools only hires individuals authorized for employment in the United States.

**If you are submitting a resume and cover letter as substitution in completing any portion of this application you may write "See Resume". In doing so, you are expressly certifying that any statements and information contained therein are incorporated into the application form and the conditions of your affixed Applicant signature.**

**Position Applying For:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

Schedule Desired: ( ) Full Time ( ) Part Time ( ) Temporary ( ) Seasonal Are you on layoff subject to recall? \_\_\_\_\_

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_\_

Are you willing to work overtime as required? \_\_\_\_\_

Are you able to meet regular attendance & punctuality requirements of the job? \_\_\_\_\_

## PERSONAL INFORMATION

\_\_\_\_\_  
 (Last Name) (First Name) (Middle Name) Are you authorized for employment in the U.S.? ( ) Yes ( ) No

\_\_\_\_\_  
 (Present Street Address) (City) (State) (Zip) If you are under 18 years of age state your age? \_\_\_\_\_

\_\_\_\_\_  
 (Home Phone) (Message Phone) (Email)

*For applicants for jobs that require driving:*

Do you have a valid MA Driver's License? Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have a valid CDL? Yes \_\_\_ No \_\_\_ List valid endorsements: \_\_\_\_\_

Do you authorize the Town to check your driving record for repeated or significant traffic violations? Yes \_\_\_ No \_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	NO. OF YEARS COMPLETED	GRADUATED (Check One)
HIGH SCHOOL				( ) Yes ( ) No
COLLEGE				( ) Yes ( ) No
GRADUATE SCHOOL				( ) Yes ( ) No
TECHNICAL SCHOOL				( ) Yes ( ) No

OTHER				( ) Yes ( ) No
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**TRAINING & PROFESSIONAL LICENSES OR CERTIFICATIONS**

List job-related licenses or certificates that you possess, and/or academic and professional activities and achievement awards, publications or technical-professional associations you are a member of. Exclude organizations that indicate race, creed, color, sexual orientation, gender, age, religion, handicap or national origin of its members.	Award Date

**SKILLS**

In addition to work history (below), what other experiences, skills or qualifications would be applicable to position applied for: (include word processing, spreadsheet, machinery or equipment able to operate)
Indicate any foreign languages you can speak, read and/or write either fluently or conversationally:

**EMPLOYMENT HISTORY**

Starting with your present or last job list *all* paid, volunteer, full or part-time work, military service, and summer jobs performed during the last 10 years (include work performed more than 10 years ago if it applies to the position for which you are applying). Use the back of the application and/or additional sheets of plain white paper if you need more space.

May we contact you present employer? ( ) Yes ( ) No

Name and Address of Employer Date of Employment	Position & Duties	Reason for Leaving
Phone: Dates (From/To):		
Phone: Dates (From/To):		
Phone: Dates (From/To):		
Phone: Dates (From/To):		

List Business Associates and/or Individuals, other than relatives, who are familiar with your work.

Name	Address	Phone	Occupation	Relationship
1.				
2.				
3.				

**APPLICANT’S CERTIFICATION AND AGREEMENT**  
**Please Read this Statement Carefully**

I understand that this application is not a contract of employment. I understand that to be employed, I must be lawfully authorized to work in the United States, and I must show the Greenfield Public Schools documents that will prove this. I also understand that I may be required to successfully complete a medical examination, including a urine drug analysis, before employment and/or as a condition of continued employment, submit to such lawful examinations, medical, substance abuse, or other, as may be required by the Greenfield Public Schools.

I understand that the Greenfield Public Schools may investigate my work and personal history which may include a Criminal Offender Record Inquiry (CORI) and/or a Sex Offender Registry Information (SORI) check, and verify data given on this application, on resume or related papers, and/or interviews. I authorize all individuals, schools, and firms named herein, except my current employer, if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information. Conviction of a crime or termination from a job is not an automatic bar to your employment, all circumstances will be considered. I understand that I am not required to take a lie detector test as a condition of employment as it is unlawful in the State of Massachusetts to be required to do so.

If I am hired, I agree that my employment and compensation can be terminated with or without cause and for any reason not prohibited by statute at any time with or without prior notice, at the option of the Greenfield Public Schools or myself.

I understand that this application for employment will be considered active until the position I am applying for has been filled. I understand if I wish to be considered for future employment, I must inquire regarding re-submitting this application or completing another for any vacant position.

I certify that all the statements herein are true and understand that any falsification or misrepresentation of facts stated or implied shall be sufficient cause for dismissal or refusal of employment. I understand, also, that I am required to abide by all rules, policies or regulations of the Greenfield Public Schools.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (You must sign and date this Application to be considered for employment)

**Additional Information or Comments:**

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**PLEASE DO NOT WRITE BELOW THIS LINE**

Comments/Review Notes:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_