



**MAYNARD PUBLIC SCHOOLS**  
**12 Bancroft Street, Maynard, MA 01754**  
**APPLICATION FOR EMPLOYMENT**  
[www.maynardschools.org](http://www.maynardschools.org)

The Maynard Public Schools are an equal opportunity employer. Federal and State Laws prohibit discrimination in employment based on race, color, sex, religion, age, handicap, disability, or national origin. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, religion, sex, age, handicap, disability or national origin.

Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone # \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a United States Citizen:  Yes  No  
(If not, do you have the legal right to remain permanently in the United States?)  Yes  No

**Employment Desired**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Shift: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Days Available to work \_\_\_\_\_

Have you ever applied to this School System before?  If yes, when? \_\_\_\_\_

Education	Name of School	Years Attended	Date Graduated	Degree/s

**Former Employers:** (List below starting with the last one)

From / To	Name/Address of Employer	Salary	Position	Reason for Leaving

**References:** (List below the names of two people, not related, who have known you for more than one year and whom we may contact for references).

Name	Address	Phone	Years Acquainted

Applicant must pass a CORI check and be Fingerprinted before employment.

I certify that the statement I have made in this application are true and hereby grant the Maynard Public Schools permission to verify the accuracy and completeness of this information and to investigate all references and educational records. I understand that any false or misleading statements made by me will be sufficient cause for the rejection of this application or for immediate dismissal if such false or misleading information is discovered after my employment. If I am accepted for employment, I agree to abide by the rules and regulations of the Maynard Public Schools.

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

Internal Use Only:

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Comments: