



NEW BEDFORD PUBLIC SCHOOLS

455 COUNTY STREET
 NEW BEDFORD, MA 02740-5194
 (508) 997-4511 EXT. 3264

PARAPROFESSIONAL APPLICATION FOR EMPLOYMENT

Please Print or Write Legibly in Ink.

TODAY'S DATE: ____ / ____ / ____

Any omission of information may invalidate your application.

____ Elementary _____ Secondary.			
POSITION APPLYING FOR: (1) _____ Teacher Aide (*See Below)		(2) _____ Lunch Aide	
Would you be available to substitute? ____ Yes ____ No			
Last Name		First Name	Middle Initial (Known by another name)
Address:	Street		Apt.
	City		State Zip Code
Telephone # (____)		(Please circle one) Mobile / Beeper / Other Phone # (____)	
SOCIAL SECURITY # _____ - _____ - _____		Salary Requirements: \$ _____ per _____	
Are You under 18 years of age? _____		Date Available for work: ____ / ____ / ____	
Are you legally eligible for employment in this Country? ____ Yes ____ No			
** If offered employment, you must provide original documents which identify you and verify your eligibility for employment.			
Have you submitted an application here before? ____ No ____ Yes - Date: ____ / ____ / ____			
Have you ever been employed here before? ____ No ____ Yes - Date: ____ / ____ / ____ To Date: ____ / ____ / ____ Title: _____			

EDUCATION RECORD	High School		College		GPA:												
Circle Highest Grade Completed:	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	Other:
School Name / Address of school	Course of Study		Total Credits		Years Completed		Did You Graduate?		Degree or Diploma								
GED / High School																	
Technical / Other																	
Business / Trade																	
College																	
Other																	

***High School diploma or GED Certificate, along with being highly qualified through Pathways 1, 2, and 3 through the Massachusetts Laws. Official College Transcripts must be presented PRIOR to employment. A Criminal & Notarized**

DSS Record Check (Responsibility of Applicant), must be obtained.

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.

CONSISTENT WITH THE AMERICANS WITH DISABILITIES ACT, APPLICANTS MAY REQUEST ACCOMODATIONS NEEDED TO PARTICIPATE IN THE APPLICATION PROCESS
 THE NEW BEDFORD PUBLIC SCHOOLS ARE AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF COMPLIANCE WITH ALL FEDERAL, STATE, AND LOCAL LAWS REGARDING NON-DISCRIMINATION.

It is our policy to recruit, employ and promote for all Job Classifications on the basis of merit, qualification and competence. No aspect of employment shall be determined by Race, Color, National Origin, Creed, Gender, Age, Disability, or Sexual Orientation.

MILITARYDid you serve in the US Armed Forces? No Yes – What Branch?

Dates of Service: From: / / To: / / Are You A Veteran? (Please provide copy of DD214)

Describe any training received relevant to the position for which you are applying:

FOREIGN LANGUAGE FLUENCY/CERTIFICATIONS

Please list any Certifications that may apply:

Are You Bilingual? No Yes – What Languages? (1) (2) (3)**MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS**

(1) (2)

(3) (4)

SKILLS & QUALIFICATIONS: Any activities, Special Training, Skills, Athletics, School Organizations, Hobbies, etc. Describe briefly to the nature and extent of your participation in those activities, for which you feel qualified to assist. Please list any additional skills, training, license(s), etc., which would be relevant to the Position for which you are applying.**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** No Yes – Explain:Have you been convicted of a misdemeanor within the past 5 years, (other than a 1st conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? Explain:Have you ever been discharged from any employment? No Yes If yes, please state company name, Date of and reason of termination:**WORK REFERENCES:** (Give names of supervisors who have closely observed your work as a teacher or employee or a student). You are encouraged to submit written letters of recommendation.

NAME	Official Position	Present Company/School	Telephone Number

EMPLOYMENT HISTORY		Resumes Accepted, HOWEVER, THIS SECTION <u>MUST</u> BE COMPLETED	
<small>(Please list any volunteer service)</small>		<small>(LIST PRESENT OR MOST RECENT JOB FIRST)</small>	
Employer Name:	Telephone ()	Dates Employed From: To:	Type of work (summarize) Grade/Subject Regular/Sub/Even/Summer/Student/P
Address:			
Job Title:			
Immediate Supervisor & Title:			
Reason for Leaving:			Hourly rate/salary:
May We Contact for Reference? Yes No			\$ per

Employer Name:	Telephone ()	Dates Employed From: To:	Type of work (summarize) Grade/Subject Regular/Sub/Even/Summer/Student/P
Address:			
Job Title:			
Immediate Supervisor & Title:			
Reason for Leaving:			Hourly rate/salary:
May We Contact for Reference? Yes No			\$ per

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Reason for Leaving:			Hourly rate/salary:
May We Contact for Reference? Yes No			\$ per

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Job Title:			
Immediate Supervisor & Title:			
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May We Contact for Reference? Yes No			\$ per

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Address:			
Job Title:			
Immediate Supervisor & Title:			
Reason for Leaving:			Hourly rate/salary:
May We Contact for Reference? Yes No			\$ per

COMMENTS: (Include an explanation of any gaps in employment)

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the School Department's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, schools or organizations for furnishing such information.

The New Bedford Public Schools do not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 1 year. At the conclusion of this time, if I have not heard from the New Bedford Public Schools and still wish to be considered for employment, it will be necessary to fill out a new application.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than the authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this School Department's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I agree to conform to the rules, regulations, policies and procedures of the School Department.

I understand that I may be asked to take a pre-placement physical examination and routine physical at any time at the request of the organization in accordance with its personnel policies. I understand that I may be expected to submit to a financial / criminal background check and drug test as part of the application procedure for employment all at the expense of the School Department.

Upon termination I authorize the release of information regarding my employment.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

I certify that any and all statements set forth in this application are true to the best of my knowledge. I hereby authorize the New Bedford Public Schools to investigate and verify all statements herein contained, and I understand any misrepresentation, falsification, or omission shall be sufficient reason for dismissal or a refusal of employment. I agree to abide by all rules, regulations and policies of the School Department as may be in effect from time to time.

Signature of Applicant: _____ Date: ____ / ____ / ____

THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN EMPLOYMENT WITH THE NEW BEDFORD PUBLIC SCHOOLS. PLEASE FEEL FREE TO ATTACH TO THIS APPLICATION ANY ADDITIONAL INFORMATION WHICH YOU FEEL WILL BE HELPFUL IN EVALUATING YOUR QUALIFICATIONS.