



# Mashpee Public Schools

Office of the Superintendent  
150A Old Barnstable Road  
Mashpee, MA 02649  
508-539-1500  
Fax 508-477-5805

Patricia M. DeBoer  
*Superintendent of Schools*

## APPLICATION FOR PROFESSIONAL EMPLOYMENT

Thank you for your interest in the Mashpee Public Schools. To be considered for a position, please review our application guidelines.

### Required Materials

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Transcript(s)                      |
| <input type="checkbox"/> Cover Letter          | <input type="checkbox"/> Massachusetts's Licensure #: _____ |
| <input type="checkbox"/> Resume                | <input type="checkbox"/> CORI Form                          |
| <input type="checkbox"/> Reference Letters     |   |

1. Please staple all required materials together with this form on top and include the following:
2. The Superintendent's office will forward all materials to the appropriate parties. If you are to be interviewed you will be called soon after the posting closing date.

Applicant Name \_\_\_\_\_

Last

First

Position Applied For:

- |   |   |
|---|---|
| <input type="checkbox"/> Teacher              | <input type="checkbox"/> Kenneth C. Coombs - Gr. PreK-2 |
| <input type="checkbox"/> Guidance Counselor   | <input type="checkbox"/> Quashnet School – Gr. 3-6      |
| <input type="checkbox"/> Adjustment Counselor | <input type="checkbox"/> Middle/High School – Gr. 7-12  |
| <input type="checkbox"/> School Psychologist  |   |
| <input type="checkbox"/> Special Education    |   |
| Other _____                                   |   |



# APPLICATION FOR PROFESSIONAL EMPLOYMENT

Position for which you wish to apply

\_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## PERSONAL INFORMATION

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

Last

First

Middle

Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address (if different from above):

\_\_\_\_\_

## EDUCATION

College/University

Year of Graduation

Degree

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEPID # \_\_\_\_\_

License # \_\_\_\_\_ Field(s) \_\_\_\_\_ Grade Levels \_\_\_\_\_



**PROFESSIONAL EXPERIENCE**

School System

Position

Dates of Employment

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**Other Employment**

Please list all employers for the past 10 years.

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If you need additional space, please continue on a separate sheet of paper.

May we contact your present employer?

- Immediately       After acceptance of employment       No, please give reason \_\_\_\_\_



**CANDIDATE STATEMENT** (If you need additional space, attach a separate sheet of paper)

1. Describe your classroom management style including how you would address discipline.

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2. What do you consider to be the most important factors in improving student achievement?

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3. Describe recent professional learning experience.

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4. How have you collaborated with others to improve learning & teaching?

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**REFERENCES:** Persons who are familiar with your professional ability

Name	Address	Contact Number
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**If you have a relative who is employed by the Mashpee School Department or is a member of the Mashpee School Committee, please identify the relative(s) below:**

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The Mashpee Public Schools is an equal opportunity employer. We provide equal employment opportunities to all persons regardless of age, color, race, national origin or ancestry, sex, gender, disability, veteran status, religion, creed, sexual orientation, gender identity and/or expression, marital status, or any other characteristic protected by federal, state or local law. In addition, the Mashpee Public Schools provide reasonable accommodations for otherwise qualified individuals with disabilities.

I acknowledge and understand that a condition of employment is in compliance with School Committee policy and state and federal laws applicable to confidentiality.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Mashpee Public Schools with any relevant information which may be required to arrive at an employment decision and voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Mashpee Public Schools against any liability which might result from requesting such information.

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Applicant Signature

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Date



**Photo ID Required**

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

**CORI REQUEST FORM**

Mashpee Public Schools have been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of: understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

**Applicant/Employee Signature** \_\_\_\_\_ **(unless otherwise preempted by law)**

**CIRCLE POSITION**

STAFF                      VOLUNTEER                      SUBSTITUTE                      COACH                      INTERN                      FIELD TRIP

**Applicant/Employee information (please print)**

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

\_\_\_\_\_  
Maiden Name or Alias (if applicable)                      Place of Birth                                      Date of Birth

\_\_\_\_\_  
Security Number      ID Theft Index PIN (if applicable)                      Mother's Maiden Name                                      Social

Current Address: \_\_\_\_\_ **P. O. Box:** \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_

\*\*The above information was verified by reviewing the following form of Government issued photographic identification: \_\_\_\_\_

Sex: \_\_\_\_\_  
Height: \_\_\_\_\_ ft. \_\_\_\_\_ in  
Weight: \_\_\_\_\_  
Eye Color \_\_\_\_\_

Requested by: **Jodi M. Gallagher**  
(Signature of CORI authorized employee)

\*\*\*The **CHSB Identity Theft Index PIN Number** is to be completed by those applicants that have been issued an **Identity Theft Index PIN Number** by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.**ALL CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614**