



# 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 GENERAL EMPLOYMENT

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

1. Please staple all required materials together with this form on top and include the following:

<p><b><u>Required Materials</u></b></p> <ul style="list-style-type: none"><li>○ <b>Completed Application</b></li><li>○ <b>Letter of Interest</b></li><li>○ <b>CORI Form</b></li><li>○ <b>Fingerprinting</b></li></ul> <p><b>Please feel free to attach a resume, transcripts, &amp; Massachusetts's Licensure</b></p>
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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.

<p><b>Applicant Name</b> _____</p> <p style="text-align: center;"><b>Last</b> <span style="margin-left: 200px;"><b>First</b></span></p> <p><b>Position Applied For:</b></p> <ul style="list-style-type: none"><li>○ <b>Administrative Assistant/Office Support</b></li><li>○ <b>Paraprofessional</b></li><li>○ <b>Food Service</b></li><li>○ <b>Recess Monitor</b></li><li>○ <b>Substitute Teaching</b></li></ul> <p><b>Other</b> _____</p>
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*Mashpee—A Connected Community*

*All students, regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness, have equal access to the general education program and to the full range of co-curricular/enrichment/sports programs offered by the Mashpee Public Schools.*



## APPLICATION FOR EMPLOYMENT

Position for which you wish to apply

\_\_\_\_\_

Grade(s) Preferred (if applicable):

\_\_\_\_\_

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

Name & Location of School

Years Attended

Subject Studied

Degree Earned

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EMPLOYMENT EXPERIENCE**

Please list all employers for the past 10 years.

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Name of Employer	Position	Dates of Employment

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

May we contact your present employer? (please circle one)

Immediately                      After acceptance of employment                      No: give reason \_\_\_\_\_

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

Name	Address	Contact Number

**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

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

\_\_\_\_\_

Last Name	First Name	Middle Name
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_____	_____	_____
Maiden Name or Alias (if applicable)	Place of Birth	Date of Birth

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

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**

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