



APPLICATION FOR PROFESSIONAL POSITIONS

Name: _____
Last First Middle Initial

Address: _____
Street City/Town State/Zip Code

Contact Information: _____
Home Phone Cell Phone Email Address

Positions for Which You Are Applying:

Elementary Teacher _____ School Nurse _____ Secondary Subject _____
Middle School _____ High School _____ Substitute Teacher _____
Tutor _____ Other _____

Are you certified as a teacher in Massachusetts? Yes _____ No _____

Massachusetts License #: _____ Subject Area/Level: _____

Other Licenses/Certificates: _____

We will place this application on file for consideration when vacancies arise. It should be complete and accurate in every detail. Please enclose official copies of all transcripts, three letters of reference, and a copy of your Massachusetts Teaching License.

Please mail or submit your application to:

Quincy Public Schools
Personnel
34 Coddington Street
Quincy, MA 02169

FOR OFFICE USE ONLY		
<input type="checkbox"/> Review of Application	<input type="checkbox"/> Teaching Experience	<input type="checkbox"/> Appointed
<input type="checkbox"/> Transcripts	<input type="checkbox"/> Letters of Reference	<input type="checkbox"/> File
<input type="checkbox"/> CORI	<input type="checkbox"/> MA License	<input type="checkbox"/> Fingerprints

Background Information:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes____ No____

Proof of citizenship or immigration status will be required prior to employment. If offered employment, candidates must submit evidence of pre-employment physical examination.

EDUCATIONAL PREPARATION THROUGH BACHELOR'S DEGREE					
	School	Location	Major	Degree/Diploma	Date Received
<i>High School</i>					
<i>College</i>					
<i>Other</i>					

SCHOLASTIC HONORS:

MILITARY SERVICE (Active Duty)				
From	To	Branch of Service	Rank	Number of months

STUDENT TEACHING EXPERIENCE: Include both pre-practicum and practicum experiences <i>List in chronological order with most recent first</i>				
From month/year	To month/year	School	Location City/State	Grade or Subject

TEACHING EXPERIENCE: Exclusive of student teaching. <i>List in chronological order with most recent first</i>					
From month/year	To month/year	School	Location City/State	Grade or Subject	Number of years Taught

OTHER PROFESSIONAL EXPERIENCES: (travel, private study, publication, lecturing, professional organizations)			
From	To	Nature of Experience	Number of months

OTHER WORK EXPERIENCE: Business, trades, summer occupations, social services, etc. (Include any verified work done on a volunteer basis)				
From	To	Firm, Institution, etc.	Nature of Work	Number of months

READING: What reading have you done in the past six months?	
Title	Author

REFERENCES:			
Give names of those who have closely observed your work as a teacher, employee or student.			
Name	Position	Company/Institution	Phone Number

ANSWER ONE OF THE FOLLOWING QUESTIONS: (Attach an extra sheet to this page.)

- A. In your opinion, what is the most important role of public education in today's society?
- B. Which of your personality traits do you see as most valuable as a practicing or aspiring educator?
- C. Briefly explain the learning theory or educational philosophy to which you most closely subscribe.

NOTICES

1. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability.
2. No verbal promises regarding employment are binding on the Quincy Public Schools as an employer. This is an application for employment and does not constitute an employment contract.
3. This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should file a new application.
4. The Quincy Public Schools does not discriminate on the basis of gender identity, race, color, sex, sexual orientation, religion, national origin, or handicap, in its educational activities or employment practices as required by Title IX of the 1972 Federal Education Amendments, by Section 504 of the 1973 Rehabilitation Act, and by Chapter 622 of the General Laws for the State of Massachusetts.

APPLICANTS STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the employer.

Signature of

Applicant: _____ **Date:** _____

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