

**BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT
Great Barrington – Stockbridge – West Stockbridge**

P.O. Box 617 • 50 Main Street • Stockbridge, MA 01262 • (413) 298-4017 ex. 19

APPLICATION

Name _____
Last First Middle

Present Address _____

Until _____ Phone _____

Permanent Address _____

Phone _____

(Please choose from the following. Indicate grade level(s), or specific subjects.)

___ Full-Time Teaching _____
___ Substitute Teaching _____
___ Homebound Instruction _____
___ Other (explain) _____

Application Procedure

- **Submit this form along with the following materials to:**
Human Resources, Berkshire Hills Regional School District, P.O. Box 617, 50 Main Street, Stockbridge, MA 01262
- **Resume, Massachusetts Certification**, or if not yet certified, a copy of your request to the bureau of Certification of the Massachusetts Department of Education. (Substitute teachers do not require certification.) , **Three (3) current letters of reference and Official Transcripts**
»for **Full-time teacher applicants** - Copies of transcripts will be accepted on a *temporary basis*. If you are recommended for a position, official transcripts **must** be provided prior to hiring.
»**Substitute Teachers, Tutors and Nurses** - Official Transcripts are required prior to being hired. Substitute Teachers **must** have an Associate’s Degree or equivalent (to be determined by the Superintendent of Schools.)
- Completed **CORI** (Criminal Offender Record Information) Form.
»**Full-time teacher applicants** – Successful applicants will be required to submit a completed form.
» **Substitute Teachers, Tutors and Nurses** – Please return completed form (enclosed) with other materials.

*Berkshire Hills Regional School District does not discriminate on the basis of age, race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness
(Chapter 622, Title IX and Sec. 504 Regs.)*

OTHER INFORMATION

1. Social Security Number _____
2. Title, Grade, Number of Certificate _____

(Note: Each employee must obtain and file with the Superintendent of Schools a copy of Massachusetts Teaching Certificate)

3. List student co-curricular activity which you are able to coach or direct. _____
- _____

4. When will you be available to work? _____

5. Present Salary _____ Minimum you would accept _____

6. Is any additional information relative to change of name, use of assumed name or nickname necessary to enable a check of your prior employment and/or school records? _____ If yes, please explain.
- _____
- _____
- _____

7. Have you ever been convicted of any crime other than a minor traffic violation? _____ If yes, state where, when and disposition of case.

8. **ADDITIONAL REFERENCES:** In addition to the references submitted under Step 3 of the application procedure, these should be persons qualified to give any information to show your capabilities for the position you seek. Please include superintendents and principals under whom you have taught.

	NAME	ADDRESS	POSITION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

An offer of employment may be conditioned on the results of a medical examination conducted solely for the purpose of determining whether the applicant is capable of performing the essential functions of the position.

**I certify that all statements herein are true.
I understand that any misstatement or omission
of materials in this application may be cause for
rejection of this application or my dismissal from
employment.**

Print or Type Name

Signature

Date

FOR OFFICE USE ONLY

Years Credited _____ **Schedule** _____ **Step** _____ **Salary** _____

Date Appointed _____ **Social Security Number** _____ / _____ / _____