

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

**P.O. Box 617 – 50 Main Street, Stockbridge, MA 01262
413-298-4017 Ext. 19**

APPLICATION (Custodians, Secretaries/Clerks/Aides, Substitutes)

POSITION BEING APPLIED FOR _____ DATE: _____

WHEN WOULD YOU BE AVAILABLE FOR WORK: _____

**PERSON TO NOTIFY
IN CASE OF EMERGENCY**

NAME OF APPLICANT: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY/STATE ZIP CITY/STATE ZIP

TELEPHONE NUMBER: _____ TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

Rate of Pay Expected _____ Would you work full time _____

Would you work part time _____

Days _____ Hours _____

Can you, if selected for employment, submit a birth certificate and/or other proof of age?

If no, please explain:

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 records?

If yes, please explain:

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

Please describe any special experience, skills, or qualifications which you feel would especially fit you for work with the District _____

*The Berkshire Hills Regional School District Does Not Discriminate On The Basis Of Race, Color, Sex, Sexual Orientation, Gender Identity, Religion, National Origin or Disabilities
(Chapter 622, Title IX and Sec. 504 Regs)*

RECORD OF EMPLOYMENT

(Begin with current or most recent employment)

<u>Name & Address of Employer</u>	<u>From:</u> Mo/Yr	<u>To:</u> Mo/Yr	<u>Position</u>	<u>Start</u> Salary	<u>Finish</u> Salary	<u>Reason for</u> Leaving
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RECORD OF EDUCATION

<u>Name & Address of School Of Study</u>	<u>Course</u>	<u>Dates Attended</u> From To	<u>Last Year</u> Completed	<u>Graduate</u>	<u>Degree/</u> Diploma
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High: _____
College: _____
Other: _____

REFERENCES

1. List three individuals qualified to give information noting your capabilities for the position you seek.

<u>Name</u>	<u>Position and Telephone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____

2. **In addition to the above references, submit or forward 3 current letters of reference.**

PRIOR TO BEING HIRED FOR A POSTION, APPLICANTS MUST PROVIDE

Completed CORI (Criminal Offender Record Information) Form

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 the above information is correct _____
I understand that any misstatement or omission Type or Print Name
of a material fact in this application may be _____
cause for rejection of this application or my Signature
dismissal from employment. _____
Date

INTERVIEWER'S COMMENTS
