BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT

**Great Barrington • Stockbridge • West Stockbridge**

# P.O. Box 617 • 50 Main Street • Stockbridge, MA 01262 • (413) 298-4017 ex. 719

## APPLICATION

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle *(if used)*

**Current Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone:

**Permanent Address** *(if different from above):*

e-mail address:

### (Please indicate position(s), grade level(s) and/or specific subject(s) of application.)

\_\_\_ Full-Time Teaching:

\_\_\_ Substitute Teaching:

\_\_\_ Homebound Instruction: \_\_\_ Paraprofessional:

\_\_\_ Other (explain):

#### Application Procedure

* **Submit this form along with the following materials listed below to**:

***Human Resources Department ·******Berkshire Hills Regional School District ·*** *P.O. Box 617·*

*50**Main Street · Stockbridge, MA 01262*

* **Resume, Massachusetts Teaching Certification:** (if not yet certified, a copy of the request for Certification to the Massachusetts Department of Education. Substitute teachers do not require certification.), **Three ( 3) current written letters of reference and Official Transcripts**
* **»Full-time Teacher Applicants:** *Copies of transcripts will be accepted on a temporary basis.* 
  + *If recommended to fill 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 provide proof of an Associate’s Degree or equivalent (*eligibility will be determined by the Superintendent of Schools.)*

* **»Full-time Paraprofessional Applicants**: should provide proof ofan Associate’s Degree or equivalent or proof of forty-eight (48) credit hours at an Institution of Higher Education or obtain ParaPro Certification.
* **Completed CORI** (Criminal Offender Record Information) and **(SAFIS)** Statewide Applicant Fingerprint Identification System Background Check. *CORI should be done in person upon hiring*

###### OTHER INFORMATION

1. Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title, Grade, Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. List student co-curricular activity which you are able to coach or direct. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. When will you be available to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **REFERENCES:** Please list contact information for those individuals submitting written references under Step 3 of the application procedure along with additional references (if desired). Additional references should be persons qualified to give information to show your capabilities for the position you seek. Those listed should include superintendents and principals under whom you have taught.

NAME ADDRESS POSITION

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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** Print or Type Name

**of materials in this application may be cause for** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**rejection of this application or my dismissal from** Signature

**employment.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

###### FOR OFFICE USE ONLY

**Years Credited\_\_\_\_\_\_\_\_\_\_\_\_\_\_Schedule\_\_\_\_\_\_\_\_\_\_\_\_\_\_Step\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Salary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Appointed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_**