

**SUMMER EMPLOYMENT APPLICATION
BARRE UNIFIED UNION SCHOOL DISTRICT**
www.buusd.org
802-476-5011

PERSONAL INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Numbers: _____

E-Mail Address: _____

EDUCATION

High School/Technical school: _____ City/State: _____

Grade Completed: _____ Diploma/Degree Awarded: _____

Undergraduate/Graduate: _____

Diploma/Degree Awarded: _____ Years Completed: _____

Licenses/Certificates: (List all and submit copy of each): _____

EMPLOYMENT HISTORY

Have you ever been employed by any of the schools in the Barre Unified Union School district: (circle one): YES NO

If yes, please provide the name of the school, your position, and the years of employment: _____

Reason for leaving: _____ Salary: _____

The BUUSD does not discriminate in employment opportunities or practices on the basis of race, color, religion, ancestry, sex, sexual orientation, gender preference, nation origin, age or disability, or any other protected status.

Employer: _____ **Dates of Employment:** _____

Position Title: _____ **Responsibilities:** _____

Supervisor (provide name, title and phone number): _____

Reason for Leaving: _____ **Salary:** _____

May we contact this employer for a reference? (circle one) YES NO

Employer: _____ **Dates of Employment:** _____

Position Title: _____ **Responsibilities:** _____

Supervisor (provide name, title and phone number): _____

Reason for Leaving: _____ **Salary:** _____

May we contact this employer for a reference? (circle one) YES NO

Employer: _____ **Dates of Employment:** _____

Position Title: _____ **Responsibilities:** _____

Supervisor (provide name, title and phone number): _____

Reason for Leaving: _____ **Salary:** _____

May we contact this employer for a reference? (circle one) YES NO

REFERENCES

Please list three (3) additional references (not related to you nor listed above) that are familiar with you through previous employment or other associations. Please provide name, association and phone number.

1. _____

2. _____

3. _____

APPLICANT STATEMENT AND AUTHORIZATION

I certify that the facts contained in this application and any attachments are true and complete to the best of my knowledge. I understand that intentional falsification of statements and misleading information on this application and attachments will result in the automatic removal of my application from further employment consideration, and, if employed, shall be grounds for immediate dismissal.

If employed, I also understand that although my employment may commence prior to the completion of the criminal record check process, continued employment within the BUUSD is contingent upon receipt of a criminal record check satisfactory to the BUUSD.

I authorize the investigation and verification of all statements and information contained in this application and attachments, including former employers, supervisors, academic references, and other references listed herein or as identified by the BUUSD. I also give permission to the references and previous employers listed on this application and attachments to provide to BUUSD any and all information concerning my employment and any other information that they may have that may be pertinent to my application for employment in the BUUSD. I further agree to release all parties, including the BUUSD from all claims and liability that may result in furnishing such information.

Signature: _____ **Date:** _____

Revised 5/20/21