



Brockton Public Schools
43 Crescent St. Brockton, MA 02301
Phone: (508) 580-7535 Fax: (508) 580-7091

Application for Employment

Personal Information

First Name	Middle Initial	Last Name
Street Address	City	State ZIP
Previous Address (if less than three years at present address)		
Phone Number	Email Address	
Alternate Phone Number		

<u>Employment Desired: (Check all that apply)</u>	
Certified Teaching Position	Grade Level/Subject Area Desired _____
Massachusetts DESE License # and subject area(s) _____	
Monitor Teacher Assistant (Bachelor's Degree Required) _____	Substitute Teacher _____
Paraprofessional _____	Administrative Assistant _____
Food Service _____	Custodian _____
Substitute Monitor Teacher Assistant _____	Substitute Paraprofessional _____
Other (Please Specify) _____	
Are you legally authorized to work in the United States?	
Have you previously worked for Brockton Public Schools?	If yes, when?
Will you accept part time work?	Will you accept temporary work?
Have you served in the Armed Forces?	
Do you have the ability to speak and write proficiently in a language other than English?	
If so, what language(s)?	
Please list any software applications with which you have had formal training or personal experience.	



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Education			
Type of School	Name	Location	Diploma/Degree
High School			
Technical or Vocational			
College/University			
College/University			
Are you working towards an advanced degree? _____ If yes, where? _____			
How many semester credit hours do you have beyond your earned degree? _____			

Work Experience- Please give a complete record of all employment starting with the most recent employment.				
From (MM/YY)	To (MM/YY)	Employer's Name, Address, Telephone Number	Last Position Held	Reason for Leaving

Teaching Experience- Please list in chronological order. – Do NOT include Student Teaching.					
School	Location	Grade and/or Subjects	Name of Principal or Supervisor	From (MM/YY)	To (MM/YY)

Student Teaching Experience					
School	Location	Grade and/or Subjects	Name of Principal or Supervisor	From (MM/YY)	To (MM/YY)



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Professional References

List below at least three (3) references, such as former employers who are familiar with your professional abilities. You may also list college references if applicable.

Name	Position Held/Location	Telephone Number	Relationship

The Brockton Public School System does not discriminate on the basis of race, religion, color, national origin, age, sex, veteran's status, sexual orientation, gender identity or disability in admission to, access to, treatment in or employment in its programs and activities.

Affidavit

I certify that the answers given by me on the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the Brockton Public Schools shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this application. I authorize the companies, schools or persons named above to give any information regarding my employment.

I hereby release said companies, schools or persons from all liability for any damage for issuing this information

Signature: _____ **Date:** _____