

**SOUTH HADLEY PUBLIC SCHOOLS**  
**South Hadley, Massachusetts**  
*An Equal Opportunity Employer*

**PROFESSIONAL STAFF APPLICATION**

Please print or type Date \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

I may be contacted At work (\_\_\_) At home (\_\_\_)

E-mail Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_  
 (Please submit a separate application for each position covered by a different area of certification or licensure)

**Employment History**

Dates Employed From      To	Employer	Position	Supervisor	Telephone

**Other Relevant Work Experience and Achievements**

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**Academic and Professional Training**

College/University and Location	Major/Minor Areas	Degree Granted	Year

**Certification and Contractual Status**

Do you currently hold certification (or licensure) as in the Commonwealth of Massachusetts for the position for which you are applying? Yes (\_\_\_) No (\_\_\_)

If not, are you eligible for certification? Yes (\_\_\_) No (\_\_\_)

Other Professional Certification/Licensure \_\_\_\_\_

Are you currently under contract with another school system or employer?  
Yes (\_\_\_) No (\_\_\_)

If so, what are the conditions of your release and availability for employment?

**Professional, Civic and Community Affiliations**

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**References**

**Please list below the names, addresses, and telephone numbers of five persons who have knowledge of your professional competence and character.**

Name	Relationship	Address	Telephone

**Do we have permission to contact these persons? Yes (\_\_\_) No (\_\_\_)**

**Please complete the attached narrative response and include it with the application.**

**Applicant's Release**

I hereby verify that the facts set forth on this application are true and complete to the best of my knowledge. I understand that any omission, false or misleading information, or misrepresentation may result in denial of employment or dismissal from employment. I grant permission for the District or its agent to contact previous employers and references to verify any statement made on this application and to release from liability those who furnish such information. I further understand that, should I become a finalist for the position, the selection process requires a signed release to permit the South Hadley Public Schools to conduct a criminal records check for conviction information only, and that it will not necessarily disqualify me for consideration for employment.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The South Hadley Public Schools are committed to equal employment opportunities to all employees and applicants for employment without regard to race, color, sex, religion, national origin, gender identity, sexual orientation and disability.

Si usted necesita alguna adaptacion o asistencia especial debido a algun tipo de minusvalia, por favor llame al telefono 413-538-5072 (fax para personas con deficiencias auditivas 413-532-6284.