

Employment Information:



Start Date:

☐

Current Employee – Change of position

☐

New Employee

Name:

Address:

Apt/Suite:

City State ZIP:

The Public Schools of Dover and Sherborn

157 Farm Street

Dover, MA 02030

Phone: (508) 785-0036

Fax: (508) 785-2239

www.doversherborn.org

Local Employee #:

Home Phone:

Cell Phone:

Date of Birth:

Social Security #:

SCHOOL(S)

Race – Please check all that apply:

☐

Hispanic or Latino?

☐

African American

☐

Asian

☐

Caucasian

☐

Native American

☐

Pacific Islander

Gender:

☐

Male

☐

Female

☐

Non-Binary

Please check all that apply:

☐

DS High School

☐

DS Middle School

☐

Chickering Elementary

☐

Pine Hill Elementary

☐

Central Office

Education:

Type of School	Name of School and Complete Mailing Address	Dates/# of Years Completed	Degree & Major
High School			
College/Trade School			
Professional School			
Other			

Current Educator License Information:

License/Cert:	Issuing State/Agency:	
Cert Area:	Issue Date:	Expiration: