Bourne Public Schools

36 Sandwich Road, Bourne, MA 02532
508.759.0660 Fax 508.759.1107
www.bourne.k12.ma.us

Application for Employment
Professional

A complete application packet consists of:

1. Application, including resume and letter of interest.
2. Official transcripts (if applicable)
3. Evidence of Certification (if applicable)

Please check levels of interest: ☐ **Elementary** ☐ **Middle School** ☐ **High School** ☐ **Other:** _____

Last:	First:	Middle:
Address:		
Telephone:	Cell:	Email:

I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that inquiries may be made in processing this application. If hired, I understand that any false statement could result in dismissal.

Education

	High School/Trade School	College or University	Graduate/Professional	Additional High Education
School Name City and State				
Years Completed				
Diploma/Degree				
Course of Study Major/Minor				

Professional Licenses and Certifications

License / Designation	Number	Date Attained	Issuing State

References

List here the names of those individuals who have supervised your work experience and those who can attest to your academic and professional training. Experienced teachers should list two supervisory references from their most recent teaching position.

Name	Title and Company	Primary Number

Employment Experience

Start with your present or last position. If you need additional space, please continue on a separate sheet of paper.

1

Employer phone# (	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Name and Title of immediate Supervisor			
Reason for Leaving			

2

Employer phone# (	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Name and Title of immediate Supervisor			
Reason for Leaving			

3

Employer phone# (	Dates Employed		Work Performed
	From	To	
Address			
Job Title			
Name and Title of immediate Supervisor			
Reason for Leaving			

To All Applicants:

During the course of the staff selection process, it is possible that the information you have submitted in support of your candidacy will be reviewed by professional employees of the Bourne Public Schools other than those to whom it was originally addressed, School Committee members of a screening committee who are not employees of the Bourne Public Schools. Your consent is needed before such a review can take place.

I hereby agree to a review of my application folder by any individual or group of individuals involved in the staff selection process.

I hereby affirm that all information supplied by me in support of my candidacy is true and complete.

Signature: _____ **Date:** _____

Bourne Public Schools does not discriminate on the basis of age, gender identity, disability, homelessness, sex, race, color, religion, sexual orientation or national origin.

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CRIMINAL/SEX OFFENDER RECORD INFORMATION (CORI/SORI) ACKNOWLEDGEMENT FORM

The Bourne Public Schools is registered under the provisions of M.G.L. c. 6, § 172,178l to receive CORI/SORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I hereby acknowledge and provide permission to **The Bourne Public Schools** to submit a CORI/SORI check for my personal information to the DCJIS & ESORI. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **The Bourne Public Schools** with written notice of my intent to withdraw consent to a CORI/SORI check for EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: **The Bourne Public Schools** may conduct subsequent CORI/SORI checks within one year of the date this Form was signed by me provided, however, that **The Bourne Public Schools** must first provide me with written notice of this check. ***By signing below, I provide my consent to a CORI/SORI check and acknowledge that the information provided in this Acknowledgement Form is true and accurate.***

_____ _____

Signature Date

PLEASE CIRCLE ONE: EMPLOYEE SUBSTITUTE VOLUNTEER

(rev. June 2024)

SUBJECT INFORMATION: (*Please print clearly and fill in all fields-incomplete forms will be returned)*

_____ _____ _____ _____

Last name First Name Middle Initial Suffix

_____ _____ _____

Maiden Name or other names(s) by which you have been known Date of Birth Place of birth

_____ _____

Last six digits of your Social Security # Race

Gender: _____ Height: ____ft. _____in. Eye color: _____ Hair Color: _____

_____ _____

Driver's License or ID Number State of Issue

_____ _____

Mother's full name [include maiden name in (___)] Father's full name

Current Address (include mail & street) _____

****

(IF NOT AT THE ABOVE ADDRESS 10 YEARS OR MORE, PLEASE PROVIDE ADDITIONAL INFORMATION BELOW)

Former addresses _____

The above information was verified by reviewing the following form(s) of government issued identification: driver's license

VERIFIED BY: _____ _____

Name of Verifying Employee (please print) Signature of Verifying Employee

Bourne Public Schools
Volunteer/Classroom Observer Confidentiality Agreement

Bourne Public Schools recognizes and supports the importance of volunteers within the school setting. As a volunteer you are a member of our school community and thus are expected to maintain confidentiality regarding school proceedings. It is expected that you will be respectful of others' privacy. Volunteers who violate this *Volunteer/Classroom Observer Confidentiality Agreement* will not be allowed to continue their service within the school at the discretion of building administration.

Privacy-related concerns have been addressed by the U.S. Congress with the enactment of the Family Educational Rights and Privacy Act (FERPA) which allows the government to withdraw federal funds from an educational institution that disseminates information about a student to unauthorized individuals without the consent of the student's parent(s). Please be mindful of your obligation to support this and other policies related to confidentiality.

Students you work with have the right to expect that you will not repeat or share anything that happens to them with anyone other than teachers and/or the school principal or administrator. In the same manner, you may not answer questions about students, even if they come from well-meaning friends and/or other parents. Should you have questions or concerns regarding procedures or interactions that you see or hear, please see a building principal/administrator.

As a volunteer, you:

- will not take pictures/videos,
- will not share/post through social media outlets/any means,
- are expected to follow the same Code of Conduct as all staff and students,
- are expected to align with dress code expectations,
- are expected to follow chemical health policies,
- are expected to report concerns to building administration

If you are a student gathering data for a course, you must have written permission from the building principal in advance of your observations. Additionally, no identifiable information may be included in any written or oral reports resultant from your observations.

As a volunteer/classroom observer in the Bourne Public Schools, I agree to adhere to all aforementioned parts of this agreement. In particular, I agree to never disclose information about a staff member or student or their records to anyone other than authorized school department staff who work with the student. Additionally, I will refer requests for information and any concerns that I have to the school principal. If applicable, I will obtain all required permissions in writing before beginning any data-gathering on a student or in the classroom and redact all identifying information if I am collecting this data as part of a course.

Signature	Printed name and role	Date

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