

Summer 2018 NEW EMPLOYEE APPLICATION

NOTE: You will receive a letter in the mail in May letting you know your status. The deadline to apply for the summer program is April 30, 2018.



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Interim Director
Office of Community Services
139 Pleasant Street
Tewksbury, MA 01876

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EMAIL
basteric@tewksbury.k12.ma.us

NAME _____ (email) _____

ADDRESS _____
Number/Street City/State Zip

PHONE (home) _____ (cell) _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

PHONE NUMBERS: (home) _____ (work) _____ (cell) _____

T-Shirt Size: (Please Circle)

Adult/Small Adult/Medium Adult/Large Adult/X-Large Adult XX-Large

Program Preference: (Please Circle All That Apply)

North St. PreK/K (4&5 YO) North St. (Grades 1-3) Wynn M.S. (Grades 4-6) Rec. Center (Grades 7-9)

Week of:	7/2* No program 7/4	7/9	7/16	7/23	7/30	8/6	8/13
Please circle the days you are available each week. This does not mean you will be scheduled all of the days circled. Reminder – there is no program on Wednesday 7/4.	M T *NO W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F

If needed, would you also like to work the extra bridge program at the Rec Center the week of June 25 or Aug 23? This is for PreK-6th Grade students only.

June 25 M T W TH Aug 23 M T W TH (circle availability)

For the Bridge Weeks, once a decision is made, someone will be in touch with you via email (the one provided on this form) if you are chosen to work.

Personal Information (Please print)

Position Applied for: _____

Department: _____

Have you ever worked for the Town of Tewksbury _____ If so, date(s): _____

Prior Position(s) _____

Reason for Leaving _____

Education (Please Print)

List from Present to Past

School/Institution	Major/Area of Study	Graduated Yes	No	Year Graduated

Mass Professional Trade, Certifications, Licensure, etc.

License _____ License# _____ Date Issued _____ Exp. Date _____

License _____ License# _____ Date Issued _____ Exp. Date _____

Achievements/Special Skills (Please Print)

Professional Qualifications & Memberships (Please Print)

Employment History (List current first) (Please Print)

Current: _____ From _____ To _____

Address _____ Phone _____

Position/Duties _____

Previous: _____ From _____ To _____

Address _____ Phone _____

Position/Duties _____

Previous: _____ From _____ To _____

Address _____ Phone _____

Position/Duties _____

References (Please Print)

Name	Address	Telephone	Relationship	Years Known

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true and correct to the best of my knowledge and agree to have any of these statements checked by the Town unless I have indicated the contrary. I authorize the references listed above to provide the Town any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishings such information to the Town as well as the use of disclosure of such information to the Town of any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment.

Applicant Signature: _____ **Date:** _____

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For those applicants ages 18 and over only.

Tewksbury Public Schools

139 Pleasant Street

Tewksbury, MA 01876



Please include a copy of
your license, front and
back with this form.

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Tewksbury Public Schools is registered under the provisions of M.G.L. c.6, § 172 to receive CORI 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 understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Tewksbury Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Tewksbury Public Schools written notice of my intent to withdraw a consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Tewksbury Public schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Tewksbury Public Schools must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

COMPANY NAME (IF APPLICABLE)

POSITION

Tewksbury Public Schools

139 Pleasant Street

Tewksbury, MA 01876

* Last Name * First Name Middle Suffix

Maiden Name (or other name(s) by which you have been known) Home Telephone #

Cell Telephone # * Date of Birth Place of Birth

* Last Six Digits of Your Social Security Number: __ - __

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issues identification:

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee