

**BURRILLVILLE SCHOOL DEPARTMENT**  
**APPLICATION FOR EMPLOYMENT**

_____			_____	
FULL NAME (last, first, middle)			SOCIAL SECURITY NUMBER	
_____			_____	
STREET			HOME PHONE – WORK PHONE	
_____			_____	
CITY	STATE	ZIP CODE	CELLPHONE	
_____			_____	
MAILING ADDRESS, if different from residence			EMAIL ADDRESS	
_____			_____	
POSITION DESIRED: _____			LOCATION: _____	
			(Which school(s))	
FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	SUBSTITUTE <input type="checkbox"/>		
DAYS/HOURS AVAILABLE: _____			DATE AVAILABLE: _____	

**RHODE ISLAND CERTIFICATION #:** \_\_\_\_\_

**AREA OF CERTIFICATION:**

\_\_\_\_\_ Elementary Grades      \_\_\_\_\_ \*\*Special Ed.      \_\_\_\_\_ Music (K-12)  
\_\_\_\_\_ Physical Ed.      \_\_\_\_\_ \*\*Secondary Grades      \_\_\_\_\_ Art (K-12)  
\_\_\_\_\_ Other (please specify): \_\_\_\_\_

\*\* Please specify what areas or subjects.

**In order to become an eligible candidate for any position in the Burrillville School Department, you must forward a transcript of your college record, letters of recommendation, a copy of your certificate and any other pertinent data to us as soon as possible.**

**NOTE: The applicant should exercise the greatest care in preparing this application. Information given herein becomes a legal part of the contract in case of election. Please do not omit any items.**

EDUCATION				
NAME OF SCHOOL	TYPE OF SCHOOL	ADDRESS/CITY/STATE	GRADUATED: YES/NO	MAJOR/DEGREE

List college activities engaged in and honors received before or since graduation:

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**EMPLOYMENT**  
(VOLUNTEER EXPERIENCE OPTIONAL)

List most recent employers, starting with your present position. Include military service. Use additional sheets if necessary.

Employer Name/Address	Phone	List last position held, supervisor, reason for leaving	Salary	Dates Employed
1.			Starting:	From:
			Leaving:	To:
2.			Starting:	From:
			Leaving:	To:
3.			Starting:	From:
			Leaving:	To:
4.			Starting:	From:
			Leaving:	To:
5.			Starting:	From:
			Leaving:	To:

**UNEMPLOYMENT**

Account for ALL unemployed time after leaving school, starting with the present or most recent.

FROM	TO	STATE WHAT YOU WERE DOING

Are your educational/work records listed under a different name? If 'Yes', please indicate

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REFERENCES		
NAME	ADDRESS	OCCUPATION

Use the back of this page if more space is needed. Please number appropriately.

1. What special skills (typing, computers, etc.), do you have?
2. What other relevant information would be helpful to know about you? (For example, any school activities, leadership positions, community involvement, etc.)
3. What plans do you have for further education?
4. Were you discharged or asked to resign from any position? (If yes, please explain.)
5. May we contact your present employer? (If yes, please state name, telephone, address)
6. Are you a citizen of the United States, or authorized to work in the United States?
7. Were you previously employed by the Burrillville School Department? If yes, when and where?
8. Have you been convicted of a crime in the last five (5) years? If yes, please explain.

**PLEASE READ CAREFULLY**

I authorize the Burrillville School Department to contact my former employers, references, and other sources in order to verify the facts regarding my character and qualifications. I hereby release any such person/s from liability of any nature in connection with the furnishing of such information.

I affirm that I have read the above information and have answered all questions completely and accurately. I understand that any omissions or falsification of information on this application or my resume will be cause for dismissal at any time after employment.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



APPLICANT: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

Completion of this portion of the application is *STRICTLY VOLUNTARY* and will not affect your opportunity for consideration for this position.

SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female
HANDICAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VETERAN	<input type="checkbox"/> Yes	<input type="checkbox"/> No

RACE

- American Indian/Alaskan Native
- Asian American/Pacific Islander
- Black
- Hispanic
- White

RACE/ETHNIC/HANDICAP IDENTIFICATION

CATEGORY:

- American Indian/  
Alaskan Native      All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian American/  
Pacific Islander      All person having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- Black (*not of  
Hispanic origin*)      All persons having origins in any of the Black racial groups in Africa.
- Hispanic      All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- “WHITE” (*not of  
Hispanic origin*)      All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HANDICAP

All persons with a physical or mental disability that substantially impairs or restricts one or more of such major life activities as walking, seeing, hearing, speaking, working, or learning. A history of such disability, or the belief on the part of others that a person has such a disability, whether it is so or not, also is recognized as a handicap by the regulation. Handicap conditions include, but are not limited to:

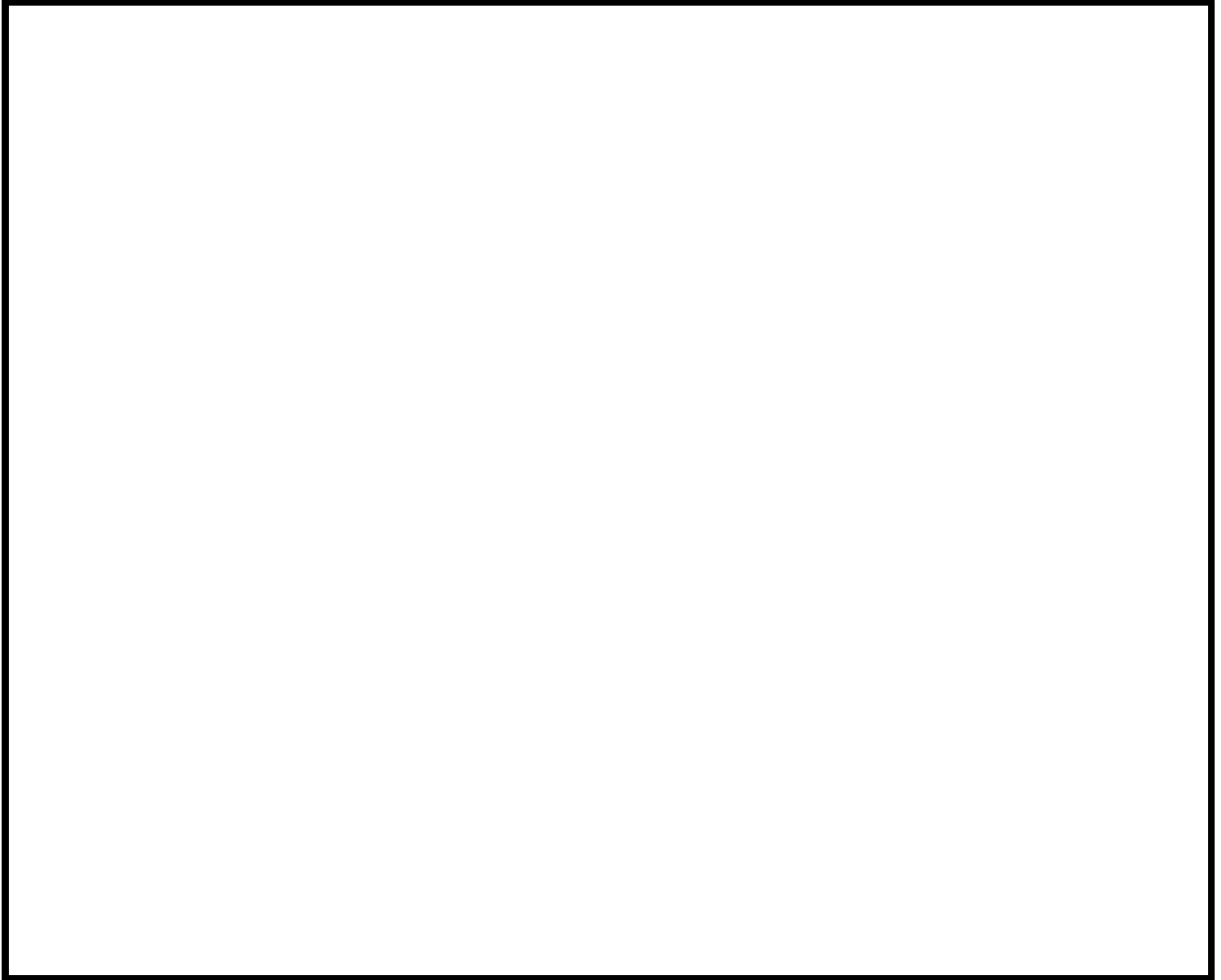
- |                                  |  |
|----------------------------------|--|
| * Alcoholism                     | * Heart Disease                            |
| * Cancer                         | * Mental or Emotional Illness              |
| * Cerebral Palsy                 | * Mental Retardation                       |
| * Deafness or Hearing Impairment | * Multiple Sclerosis                       |
| * Diabetes                       | * Muscular Dystrophy                       |
| * Drug Addiction                 | * Orthopedic, Speech, or Visual Impairment |

\* Epilepsy

\* Perceptual Handicaps; such as, dyslexia, a minimal brain dysfunction, developmental aphasia

*The following item **MUST** be completed by all teacher applicants::*

**A student in your class is experiencing academic difficulty and displaying unacceptable behavior. Please compose a letter to his/her parents in the space below. (use reverse side if necessary)**



**Add any additional information which you believe will assist in arriving at a true estimate of your qualifications. (Copies of testimonials may be included)**

