### **Hanover Public Schools**

Matthew A. Ferron Superintendent of Schools

**Deborah St. Ives**Assistant Superintendent



Thomas R. Raab, Ed.D. Business Manager

Joan Woodward
Director of Student Services

# HANOVER PUBLIC SCHOOLS APPLICATION FOR EMPLOYMENT

Thank you for your interest in the Hanover Schools. Please complete this packet by providing specific, accurate, and complete details. Please print all entries by computer or hand.

Applicants for Professional Positions (Administrator, Counselor, Psychologist, Therapist, Teacher, Tutor) must complete all portions of the application form and must attach all of the following documentation when the application is filed:

- 1. Application form.
- 2. Resume, including chronological listing of education and employment (beginning with most recent).
- 3. Original college transcripts.
- 4. Commonwealth of Massachusetts Department of Education Educator's License.
- 5. Handwritten personal statement reflecting your philosophy and beliefs about education in general and teaching and learning in particular.
- 6. Criminal Offense Record Information C.O.R.I. form.
- 7. Letters of Reference from immediate supervisors.

Applicants for Paraprofessional, Secretary, Clerical, Maintenance, Custodial, Van Driver, or Cafeteria Positions should complete all sections that are applicable. Additional information and materials may be submitted.

Applicants for Before and After School, Coach/Assistant Coach, Co-Curricular, Enrichment, Extended Opportunities, MCAS Remediation, or other programs should complete all sections that are applicable. Additional information and materials may be submitted.

The Hanover Schools will not discriminate against any person with regard to employment or educational opportunity on account of race, color, gender, age, disability, sexual orientation, religion or national origin. This non-discrimination applies to all persons, whether or not the individual is a member of a conventionally defined minority group.

DATE OF APPLICATION			POSITION DESIRED					
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NAME	Mrs. Mr.	First	Middle	Last				
HOME ADDRESS		Number	Street	Apt.#				
		City/Town	State	Zip				
TELEPHONE		Home	Work	Cellular/Other				
EMAIL		1101110		oonalai7otiloi				
		L		_				
EDUCATION		Date of Graduation or Completion	Educational Institution	Major		Diploma Degree Certificate	State	
HI	GH SCHO	DL						
UNDEF	UNDERGRADUATE							
	GRADUA'	ΓE						
	GRADUA"	ΓE.						
OTHE		R						
Certification or Licens			Type or Area of Certification	License Stage	State	Evnir	ation	
State and Nu		umber	Type of Area of Certification	License Stage State		Expiration		
							1	
1.	Did you re from a for	eceive your mal teacher	teaching license as part of an undergra education program?	duate/graduate d	degree	YES	NO	
2.	If you completed a formal education program, please list the institution.							
3. If your teacher prepara teaching, how long did			ation program included student d you teach?	6 weeks 1	2 weeks	1 )	ear .	
4.	How man	y years of fo	rmal classroom teaching experience uding substitute teaching)?		24		i	
5. List language(s), other than English, in which you are proficient with level of proficiency, include Sign or Braille.								

6.	Have you ever been convicted of a felony?	YES	ИО
7.	Have you been convicted of a misdemeanor within the past five years (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?	YES	NO
8.	Have you completed a period of incarceration within the past five years for any misdemeanors (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?	YES	NO
9.	If the answer to question number 3 above is "yes" please state whether you were convicted more than five years ago for any offense (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?		NO

#### **Equal Opportunity Data**

In order to comply with federal reporting requirements, every school district in Massachusetts is required to report to the Massachusetts Department of Education employee data by race and ethnicity categories on an annual basis. The Massachusetts Department of Education does not report individual data to the federal government, but does report the total number of educational staff in various categories in each school.

The federal government recently changed the reporting categories for race and ethnicity and all staff members are being asked to update their information. With the new reporting categories, individuals can identify themselves by ethnic group (either Hispanic/Lati no or not Hispanic/Latino) and by one or more racial groups (American

## Indian/Alaska Native, As ian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). 1. Are you Hispanic or Latino? (choose only one) ☐ No, not Hispanic or Latino ☐ Yes. Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) 2. What is your race? (choose one or more) ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.) ☐ Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam) ☐ Black or African American (A person having origins in any of the black racial groups of Africa.) ☐ Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) □ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

### **Experience and Employment History** Please list all work and/or teaching (including substitute or student teaching) experience in a chronological order. starting with the most recent DATES Subject Name of Employer and Title or Position Grade Level Address of Employer From То Job Description Name Street City/State Name Street City/State Name Street City/State Name Street City/State Co-Curricular, Athletic, or Recreational Experience DATES I would be able to direct, Type of Experience Location supervise, or coach in this area. From To References Please provide three (3) references (other than family members). References should be people who have supervised you and/or people with whom you have worked closely. Written recommendations may be attached and will be required for candidates recommended for positions. DATES Name of Reference From Τo Position/Title Place of Business Telephone(s) Position/Title Place of Business Telephone(s) Position/Title

Place of Business

Telephone(s)

**Personal Writing Sample** [Please provide a handwritten response in the space provided.] Applicants for professional positions are requested to provide a statement reflecting philosophy and beliefs about education in general and teaching and learning in particular.

My Vision of Excellence for Public Education								
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I hereby certify that the facts and representations set forth in this application and resume are true and complete. I further understand and agree that, if employed, false statements on my application and/or resume constitute sufficient cause for dismissal.

Signature

Date