

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle Initial*

Home Address: \_\_\_\_\_  
*Street City/Town State Zip Code*

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever been convicted of a Felony, or any crime involving children under the age of 18?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you ever been known by any other name? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list name(s)  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been convicted of any crime, either within or outside the State of Massachusetts?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_
6. Are there currently any criminal charges pending against you either within or outside the State of  
Massachusetts? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_
7. In case of emergency, please notify: \_\_\_\_\_  
*Name Phone*

*Recognizing the confidential and sensitive nature of the information involved, only the Superintendent/Assistant Superintendent and their confidential/executive secretaries/and or designees shall have access to such data and only to the extent such information is needed for the performance of his/her duties, as follows: for the purpose of considering and making decisions for the retention of current or hiring of prospective employees.*

EDUCATION:

Name Address	Dates Attended (from/to):	Degree or Credits earned:	Major:	Minor:
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HS: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

CERTIFICATION:

Are you a Certified Teacher?      Yes \_\_\_\_\_      No \_\_\_\_\_

Certification #: \_\_\_\_\_      Date of issue: \_\_\_\_\_

Fields:                              Level:                              Expires:

\_\_\_\_\_  
*Primary*

EXPERIENCE: (Teaching or working with children)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSIGNMENT PREFERENCE:

Elementary [  ]                      Middle School [  ]                      High School [  ]

Subjects: \_\_\_\_\_

**REFERENCES:** List below the names of (3) persons, not related to you, whom you have known at least one year:

Name: Address: Phone #: Years acquainted:

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**General Information:**

*It is unlawful in Massachusetts to require or to administer a lie-detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.*

*I authorize investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts in this application is cause for dismissal.*

**All prospective employees for the Hull Public Schools are subject to a Criminal Offender Record Information (CORI). The Superintendent/Assistant Superintendent of Schools reserves the right to rescind any offer of employment based upon the information received from the CORI searches.**

I have read and fully understand all that is contained in this application. To the best of my knowledge, all statements made by me in the completion of this application are true.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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Please address application to:

Hull Public Schools  
Office of the Superintendent  
Attn: Finance Director  
180 Harborview Road  
Hull, MA 02045

**AN EQUAL OPPORTUNITY EMPLOYER**

*The Hull Public School System Does Not Discriminate On The Basis of Age, Race, Color, National Origin, Sex, Disability, Religion, or Sexual Orientation*