



39 Concord Road, Chelmsford, Massachusetts 01824
Ph: (978) 256- 4396 www.thepaulcenter.org Fax: (978) 256-3054

2018 APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date: _____

Last Name: _____ First Name: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Primary/Cell Phone: () _____ Home Phone: () _____ Email: _____

POSITION SOUGHT:

- | | | |
|---|--|---|
| <input type="checkbox"/> Special Education Certified Teacher | <input type="checkbox"/> Instructional Assistant | <input type="checkbox"/> Transition Staff (<i>High School Students</i>) |
| <input type="checkbox"/> General Education Certified Teacher | <input type="checkbox"/> 1:1 Instructional Aide | <input type="checkbox"/> Overnight Staff |
| <input type="checkbox"/> Activity Leader (circle one) Music & Movement / Arts & Crafts | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Facilities Assistant |
| Adaptive Phys Ed / Nature & Science | <input type="checkbox"/> Speech Pathologist | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Vocational Instructor | <input type="checkbox"/> BCBA | <input type="checkbox"/> Bookkeeper |
| | <input type="checkbox"/> ABA | <input type="checkbox"/> Certified Lifeguard |

If you are applying for an ESY position, the 2018 ESY program is scheduled for July 2nd through August 10th (including Saturday July 7th). For program consistency it is imperative that staff be available for the full six weeks.

Are you available for **all** six weeks? YES NO

If not, please list dates and explanation _____

Educational Background

High School Attended _____ Last Grade Completed _____ Diploma (Y/N) _____

College Attended _____ Dates Attended _____ Major _____ Year _____ Degree _____

College Attended _____ Dates Attended _____ Major _____ Year _____ Degree _____

Technical or Other _____ Dates Attended _____ Major _____ Year _____ Degree _____

Specialized Training - Please supply a copy of all certifications

- American Sign Language Fluent in Spanish First Aid CPR CPR/AED CPI WSI CPO Lifeguard

Massachusetts Teacher Certification #: _____ Expiration Date: _____

Area of Certification: _____ Expiration Date: _____

If you are not currently certified in Massachusetts have you applied for certification?

Please indicate date you submitted your application: _____

Certification from another State: _____

State

Certification Field

Expiration date

Please describe any experience with children and young adults. In addition what special skill sets will you bring to this position?

Employment History

Please be advised that The Paul Center will do both a CORI background check (and a DSS BRC if applicable) as well as a reference check from current or past employers. This information may be verified in written form, email, fax transmission or a telephone call. All information will be kept confidential. Your signature constitutes permission to seek this information.

Signature

Date

| Name of Employer | Address | Phone Number | Brief Job Description | Dates of Employment | Reason for Leaving |
|------------------|---------|--------------|-----------------------|---------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Employment Verification

Your signature above gives The Paul Center the right to complete a reference check and employment verification. **Please DO NOT list relatives or friends as references.** References should be persons who can attest to your working habits as a supervisor, colleague or co-worker.

Name

Telephone

Type of Relationship

1. _____
2. _____
3. _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

PLEASE LIST TWO CONTACTS

| |
|--|
| NAME: _____ RELATIONSHIP TO APPLICANT: _____ HOME PHONE: () _____ WORK PHONE: () _____ CELL PHONE: () _____ |
|--|

| |
|--|
| NAME: _____ RELATIONSHIP TO APPLICANT: _____ HOME PHONE: () _____ WORK PHONE: () _____ CELL PHONE: () _____ |
|--|

Have you ever been convicted of a crime? Yes No

Please note: any staff member or volunteer who has unsupervised contact with children is required to have a CORI check (and a DSS BRC if applicable).

***The Paul Center is an Equal Opportunity Employer
The Paul Center is an "At Will" Employer***

I attest that to the best of my ability the information contained in this Application for Employment is true.

Signature: _____ Date: _____

**PLEASE ENCLOSE YOUR CURRENT RESUME AND A
COPY OF ALL CERTIFICATIONS**