

**CAPE COD COLLABORATIVE
EMPLOYMENT APPLICATION
PERSONAL DATA**

Date: _____

Last Name _____ First _____ Middle Init. ____ SS# _____

Present Address _____

Home Phone _____ Cell Phone _____

Email Address: _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Home Telephone _____

Address: _____ Work/Cell Phone _____

Areas of Teacher Certification (Please include copy of all Teachers' Certificates)

Massachusetts: _____ Other States: _____

EDUCATION <i>Please provide a copy of all transcripts.</i>	
High School	Address _____
Degree:	Did you graduate: <input type="checkbox"/> YES <input type="checkbox"/> NO
College	Address _____
Degree:	Did you graduate: <input type="checkbox"/> YES <input type="checkbox"/> NO
Other	Address _____
Degree:	Did you graduate: <input type="checkbox"/> YES <input type="checkbox"/> NO

If you attended college, but did not graduate, how many credit hours are needed for degree? **ASSOCIATES** _____ **BACHELORS** _____

WORK INTEREST

Position applied for _____ Salary desired: _____ Earliest Availability Date: _____

Have you ever been convicted of a felony? _____ Yes _____ No

If no, are you authorized to work in the United States? _____ Yes _____ No

Have you ever filed an application with the Collaborative before? _____ Yes _____ No

 If yes, when _____ and where _____

Have you ever been interviewed by the Collaborative? _____ Yes _____ No

 If yes, when _____ and where _____

BRIEFLY STATE REASONS FOR INTEREST IN EMPLOYMENT WITH THE COLLABORATIVE:

EMPLOYMENT HISTORY

(Account for all times, last 10 years. If more space is needed, please attach another sheet.)

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Position/Title	Starting Salary	Ending Salary	
Description of Duties			
Employed From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Position/Title	Starting Salary	Ending Salary	
Description of Duties			
Employed From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Position/Title	Starting Salary	Ending Salary	
Description of Duties			
Employed From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

ADDITIONAL INFORMATION

Please list any additional information you believe would be helpful.

Facts set forth above in my application for employment are true and complete. I understand that if I am employed, any false statements on this application shall be considered sufficient cause for dismissal. I hereby authorize The Cape Cod Collaborative to determine my suitability and justification for employment, contact any or all of my previous employers, and otherwise investigate my character, general reputation and characteristics, work habits, skills and/or abilities through any credit bureau, credit agency, or other consumer information agency of choice. In addition, I recognize that an inquiry concerning possible criminal background will be made by the Collaborative to the Criminal History Board. I authorize persons, schools and employers named in this application to provide the collaborative with any relevant information that may be required to arrive at an employment decision. In connection therewith, and in consideration of the undertaking of the Collaborative to review this application for employment, and to consider me for hire, I hereby release and acquit the Cape Cod Collaborative of any liability whatsoever for any damage that I may suffer or sustain by reason of its use of any such report or information.

Equal Opportunity Employer

Signature

Date