

**HAMPSHIRE REGIONAL AND CHESTERFIELD-GOSHEN REGIONAL SCHOOL DISTRICTS
SOUTHAMPTON, WESTHAMPTON AND WILLIAMSBURG SCHOOL DISTRICTS**

APPLICATION FOR SUPPORT STAFF POSITION

PERSONAL DATA

print name on line above	Social Security number	date of this application															
street address	home telephone number	type of position applying for															
city or town, state, ZIP	work telephone number	school or job location, if known															
Circle school/towns in which you are willing to work:	<table border="0" style="width:100%;"> <tr> <td style="width:33%;">Hampshire</td> <td style="width:33%;">New Hingham</td> <td style="width:33%;">William E. Norris</td> <td style="width:33%;">Westhampton</td> <td style="width:33%;">Williamsburg</td> </tr> <tr> <td>Regional</td> <td>Elementary</td> <td>Elementary</td> <td>Elementary</td> <td>Elementary</td> </tr> <tr> <td>Middle/High School</td> <td>Chesterfield/Goshen</td> <td>Southampton</td> <td>Westhampton</td> <td>Williamsburg</td> </tr> </table>	Hampshire	New Hingham	William E. Norris	Westhampton	Williamsburg	Regional	Elementary	Elementary	Elementary	Elementary	Middle/High School	Chesterfield/Goshen	Southampton	Westhampton	Williamsburg	
Hampshire	New Hingham	William E. Norris	Westhampton	Williamsburg													
Regional	Elementary	Elementary	Elementary	Elementary													
Middle/High School	Chesterfield/Goshen	Southampton	Westhampton	Williamsburg													

EDUCATION

If applying for substitute teaching, are you certified?

NO YES (enclose copy of certification)

list below the names and location of schools attended	Levels	years	degree or diploma, if any

EMPLOYMENT HISTORY

employer and location	job held or type of work	length of service	reason for leaving

REFERENCES

list three or more current or former employers who can comment on the quality of your work

name	position	company and location	phone number	email address

NOTE

Mail application to:

Personnel Clerk
 Superintendent of Schools
 19 Stage Road
 Westhampton, MA 01027-9655

For information about applications or vacancies:

Telephone (413) 527-7200
 Fax: (413) 529-9497
 Website: www.hr-k12.org

EQUAL EDUCATIONAL OPPORTUNITY EMPLOYER

**HAMPSHIRE AND CHESTERFIELD-GOSHEN
REGIONAL SCHOOL DISTRICTS**
AND THE PUBLIC SCHOOL DISTRICTS OF
SOUTHAMPTON WESTHAMPTON WILLIAMSBURG

Office of the Superintendent, 19 Stage Road, Westhampton, MA 01027-9655
Phone (413)527-7200 Special Education (413)527-7202 FAX (413)529-9497

Craig Jurgensen, Ed.D.
Superintendent of Schools
cjurgensen@hr-k12.org

G. Anthony Ryan, Ed.D.
Assistant Superintendent
tryan@hr-k12.org

Regina Pool, M.Ed.
Dir. Curr., Instr. & Assess.
rpool@hr-k12.org

Cynthia Landers, CPA
Business Administrator
clanders@hr-k12.org

Laurie Farkas, M.Ed.
Director of Pupil Services
lfarkas@hr-k12.org

Mary A. Phelan, B.S., R.N.
Health Education Coordinator
mphelan@hr-k12.org

GHAMPS

CORI REQUEST FORM

Hampshire Regional School District has been certified by the Criminal History Systems for access to all conviction, non-convictions and pending criminal case data. As an applicant/employee for the position of _____, I understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only, and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Signature of Applicant or Employee School DATE

APPLICATION/EMPLOYEE INFORMATION (Please Print)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (If Applicable) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME
(Requested, not Required)

CURRENT ADDRESS: _____

FORMER ADDRESS: _____

SEX: ____ HEIGHT: ____ FT. ____ IN. WEIGHT: _____ EYE COLOR: ____

STATE DRIVER'S LICENSE NUMBER: _____ Verified
by: _____
(include state of issue) (Please Include A Copy Of Driver's License)

*** THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

INFORMATION REQUESTED BY: _____
(Signature of CORI Authorized Official)

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**