

APPLICATION

 (First name) (Initial) (Maiden name) (Last name)

Address _____
 (Number) (Street)

 (City) (State) (Zip)

 (Telephone) (Social Security Number)

Position sought (indicate grades or subjects in order of preference):

Elementary: _____
 (Chesterfield, Goshen, Southampton, Westhampton, Williamsburg)

High School: _____
 (Hampshire Regional School District)

Date Submitted: _____

(Office use only)

References _____	Contract _____	Assignment:
Credentials _____	Personnel _____	Salary _____
Interview:	Records _____	Town _____
Requested _____	Ret. Bd. _____	Grade or Subject _____
Scheduled _____		School Year _____
Completed _____		

1. Please attach a copy of your Massachusetts educational certificate

[]

[]

2. If you are NOT certified in Massachusetts, check below and forward a copy as soon as you receive it:

Certified in another state, have applied for Massachusetts certification.

Completed requirements, certification pending.

3. Expected salary _____

4. Reason for leaving position _____

5. Please arrange to have the following documents sent to this office:

A. All transcripts

B. Five letters of recommendation

or

A copy of your placement file, if recent

6. Add any additional information which you believe will assist in arriving at a true estimate of your qualifications:

Applications are not considered complete until the above papers have been received. When a vacancy occurs, applications will be reviewed by the principal and the screening committees.

Send applications and supporting documents to:

Superintendent of Schools
19 Stage Road
Westhampton, MA 01027

It is unlawful in Massachusetts to require or 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.

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

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Mary A. Phelan, B.S., R.N.
Health Education Coordinator
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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
(Requested, not Required)

MOTHER'S MAIDEN NAME

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.

~ Educating today's youth for tomorrow's world ~