



# EMPLOYMENT APPLICATION

BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL DISTRICT  
207 HART STREET, TAUNTON, MASSACHUSETTS 02780  
TELEPHONE (508) 823-5151 FAX (508) 822-2687

Please Print or Type

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOC. SEC.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_  
\_\_\_\_\_

CURRENT TEACHING CERTIFICATE/LICENSE(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT TRADE/PROFESSIONAL LICENSE(S) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION (Please state high school, college, extension and correspondence schools. Include names, locations and dates of attendance – most recent first.)

NAME	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other education pertinent to the position \_\_\_\_\_  
\_\_\_\_\_

List any awards, publications, special skills or hobbies \_\_\_\_\_  
\_\_\_\_\_

List professional organization memberships \_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT EXPERIENCE (List all full time employment, except military in chronological order, with present employer first.)

DATES (To/From)

EMPLOYER

POSITION

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REFERENCES (List at least three people who were your employers or supervisors, familiar with your work in the positions mentioned above, with whom we may communicate.)

NAME

ADDRESS

TELEPHONE

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**CONDITIONS OF EMPLOYMENT**

All employees are required to become members of the retirement system.  
 The application will not be considered complete until receipt of references, and, if applicable, college transcripts.  
 This application and all required documents become the property of the Bristol-Plymouth Regional Technical School District.  
 All employees will be subject to a CORI report before commencing employment.  
 You are invited to attach a resume or any additional data that you may wish to provide.

**EQUAL OPPORTUNITY POLICY IX COMPLIANCE**

Bristol-Plymouth Regional Technical School District complies with the Civil Rights Act of 1964 that prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. PL 90-202 prohibits discrimination on the basis of age as well as some additional types, such as Discrimination against the physical handicapped.

**READ CAREFULLY BEFORE SIGNING.** The information as submitted on this application is accurate to the best of my knowledge. I concur in the above statements and requirements. I understand the falsification of any information on this application is cause for dismissal from service.

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

**THE FOLLOWING IS FOR SCHOOL USE ONLY**

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

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# BRISTOL-PLYMOUTH REGIONAL TECHNICAL SCHOOL DISTRICT

207 HART STREET, TAUNTON, MASSACHUSETTS 02780-3715

*Berkley • Bridgewater • Dighton • Middleborough • Raynham • Rehoboth • Taunton*

[www.bptech.org](http://www.bptech.org)

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,  
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Bristol-Plymouth Regional Technical School District is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Bristol-Plymouth Regional Technical School District to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Bristol-Plymouth Regional Technical School District with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:** The Bristol-Plymouth Regional Technical School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Bristol-Plymouth Regional Technical School District must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME



*Accredited by the New England Association of Schools & Colleges*

SUBJECT INFORMATION (PLEASE PRINT CLEARLY):

\_\_\_\_\_  
Last Name                      First Name                      Middle                      Name Suffix (Jr, Sr, III, etc.)

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Current Street Number, City/Town, State, Zip

\_\_\_\_\_  
Former Street Number, City/Town, State, Zip

\_\_\_\_\_  
Position for which you are applying:

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Last Six Digits of Your Social Security Number (required): \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name

\_\_\_\_\_  
Father's Full Name

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**BRISTOL-PLYMOUTH OFFICE USE ONLY**

The above information was verified by reviewing the following form(s) of government issued identification:

ATTACHED

\_\_\_\_\_  
VERIFIED BY: Tracy Costa  
Name of Verifying Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying Employee