

School Administrative Unit Fifty Six
Rollinsford School District – Somersworth School District
51 West High Street
Somersworth, New Hampshire 03878

APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

Date

To Applicant:

We appreciate your interest in our school system and assure you that we are sincerely interested in your qualifications. An understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

Please circle the position for which this application applies:

Clerical Aide/Mainstream Coach Substitute Teacher (K-2, 3-4,5-8,9-12)
Food Service Co-Curricular (Athletic or Non-Athletic) Custodian/Maintenance

PERSONAL

Last Name: _____ First Name: _____ Maiden Name: _____

E-mail address _____ Social Security # _____ / _____ / _____

Present Address: _____

Telephone Number: _____

Would you work full time? ___ Yes ___ No Part Time? ___ Yes ___ No

Pay rate expected per week? \$ _____

If part time, please specify days and hours: _____

If your application is considered favorably, when could you start work?

List experiences, skills and qualifications that you feel might be useful in the position(s) for which you have applied:

Record of Education

| Schools Attended (Name & Address) | Course of Study | Last Year Completed (Circle One) | Year of Graduation | Degree or Diploma |
|--------------------------------------|--------------------|--|-----------------------|-------------------------|
| High: | | 1 2 3 4 | | |
| College(s) | | 1 2 3 4 | | |
| Other (Specify): | | | | |

Military Service

| Branch of Service | From | To | Type of Discharge |
|-------------------|------|----|-------------------|
| | | | |

Personal References

| Name | Address (Please provide complete address) | Telephone Number |
|------|---|------------------|
| 1. | | |
| 2. | | |
| 3. | | |

List present and all past employment, beginning with most recent.

1.

| | | |
|--------------|---------|--------------|
| Company Name | Address | Phone Number |
|--------------|---------|--------------|

| | | |
|------------|-------------------------------|-----------------|
| Supervisor | Dates of Employment (From/To) | Salary - Weekly |
|------------|-------------------------------|-----------------|

Describe your work

Reason for leaving

2.

| | | |
|--------------|---------|--------------|
| Company Name | Address | Phone Number |
|--------------|---------|--------------|

| | | |
|------------|-------------------------------|-----------------|
| Supervisor | Dates of Employment (From/To) | Salary - Weekly |
|------------|-------------------------------|-----------------|

Describe your work

Reason for leaving

3.

| | | |
|--------------|---------|--------------|
| Company Name | Address | Phone Number |
|--------------|---------|--------------|

| | | |
|------------|-------------------------------|-----------------|
| Supervisor | Dates of Employment (From/To) | Salary - Weekly |
|------------|-------------------------------|-----------------|

Describe your work

Reason for leaving

NOTE: We will contact the employers listed above to assess your previous work record.

My signature below indicates that the information given on this application is accurate and complete to the best of my knowledge. (Any inaccurate information will be grounds for dismissal.)

Signature of Applicant

School Administrative Unit Fifty Six
Rollinsford School District * Somersworth School District
51 West High Street
Somersworth, New Hampshire 03878
(603) 692-4450 * FAX (603) 692-9100

Authorization to Release Information

I authorize School Administrative Unit Fifty Six, its administrators or designees, to make an investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency or government agency to give School Administrative Unit Fifty Six, its administrators or designees, any information they may have regarding me. In consideration of the review of this application, I release providers of information from any liability as a result of furnishing and receiving this information.

A copy of this release shall in all respects serve as an original.

Social Security Number

Applicant's Signature

Date

Equal Opportunity Employer

Falsification in Official Matters

New Hampshire RSA 641:3 Unsworn. A person is guilty of a misdemeanor if:

- I. they make a written false statement which they do not believe to be true, on or pursuant to a form bearing notification authorized by law to the effect that false statements made therein are punishable; or
- II. with a purpose to deceive public servants in the performances of their official function, the applicant
 - a) makes any written false statement which they do not believe to be true; or
 - b) knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or
 - c) submits or invites reliance on any writing which they know to be lacking in authenticity; or
 - d) submits or invites reliance on any sample, specimen, map, boundary mark, or other object which they know to be false.
- III. I _____ acknowledge that I have read the above
(Applicants signature)
information on falsification of official matters and hereby represent and warrant that all information submitted in the application for employment, and accompanying documents, is complete and correct to the best of my knowledge.

Date

Revised: 12/2/99

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Assurances

1. I certify that I have never been convicted of a criminal offense. Further, I certify that I have never been arrested for any offense involving sexual misconduct or moral turpitude. (If you are unable to attest to this item please provide details of the incident(s) preventing your signature.

Applicant Signature for Item 1

2. I understand that, under New Hampshire state law, no final offer of employment can be made by School Boards of School Administrative Unit Fifty Six, the Rollinsford School District or the Somersworth School District unless and until successful completion of a background check, including a criminal history records check, has been confirmed by School Administrative Unit Fifty Six or its designees. Accordingly, I understand and acknowledge that any offer made by the School Boards of School Administrative Unit Fifty Six, Rollinsford School District or Somersworth School District, its officials, agents, or assigns, whether by formal vote of the Board, written or verbal notification, or other means, is conditional and will become void and be withdrawn if warranted by the results of the criminal history records check.
3. I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I acknowledge and understand that the Superintendent of Schools, and/or designee, and the School Board will be relying on the information contained in this application and that the information is complete and accurate. I further understand and agree that, if employed, any falsified statements or any material half-truths, material misstatements or omissions on this application, without full disclosure of all relevant facts shall be grounds for the School Systems to immediately void any employment contract with me, and shall be grounds for any immediate dismissal from employment with the School Systems.

Applicant Signature for Items 2 & 3