



AMESBURY PUBLIC SCHOOLS
10 Congress Street
Amesbury, Massachusetts 01913

PROFESSIONAL APPLICATION

DATE: _____

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

City/Town

State

Zip

Social Security Number: _____

Telephone Number: _____ E-mail ADDRESS: _____

CERTIFICATION INFORMATION

1. Are you certified in MASSACHUSETTS? _____ Cert. #: _____
 (please attach a copy of certification with this application)

2. If yes, what level? Pre-K: _____ Ea. Childhood: _____ Elem.: _____
 Middle School: _____ High School: _____

3. If yes, in what areas or subjects?: _____

4. If not, have you applied for certification in MA?: _____

5. Do you have an educator's license from another state?: _____ If so, where?: _____

TITLE OF POSITION APPLYING FOR: _____

(Please check level of position)

Position Title

_____ PreK-4

_____ Middle School 5-8

_____ High School 9-12

EDUCATIONAL BACKGROUND (Official Transcripts Required)

LEVEL	NAME/ ADDRESS OF INSTITUTION	MAJOR AND SUBJECT	DATE OF GRADUATION	DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE/UNIV.				
COLLEGE/UNIV.				
COLLEGE/UNIV.				

If a resume is provided with this application containing the data required on page two, applicant does not need to fill out page two. However, applicant must sign the bottom of page two in order for the application to be complete.

PROFESSIONAL EXPERIENCE

TEACHING EXPERIENCE

POSITION	SCHOOL/CITY/STATE	GRADE/ SUBJECT	DATES EMPLOYED	FULL/PART TIME

OTHER EMPLOYMENT OR VOLUNTEER WORK

NON-TEACHING EXPERIENCE

POSITION	NAME/ADDRESS OF FIRM	DATES EMPLOYED

PROFESSIONAL REFERENCES

Please list the names of Superintendents, Principals, Supervisors and/or other(s) who closely observed your work as a teacher. Candidates without experience, give the names of those who have supervised your practice teaching. (Minimum of 3 references required)

NAME	POSITION	ADDRESS	TELEPHONE NUMBER

To the best of my knowledge the information contained on this application is true. I understand that employment is subject to passing a physical examination and a criminal records check (CORI).

Signature

Date