

**FRANKLIN PUBLIC SCHOOLS
FRANKLIN, MA 02038
APPLICATION FOR EMPLOYMENT**

Franklin Public Schools is an equal opportunity employer. Applicants for all positions are considered without regard to their race, color, creed, religion, ancestry, national origin, sex, gender identity or expression, sexual orientation, marital status, genetic information, disability, pregnancy or a related condition, veteran status, age, or homelessness. Every available opportunity will be taken in order to assure that each applicant for a position is selected on the basis of qualifications, merit and ability. Assistance in completing this form is available upon request.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION (PLEASE PRINT)

NAME

LAST *FIRST*

ADDRESS: _____
 STREET TOWN STATE ZIP

PRIMARY NUMBER: (H) _____ (W) _____ (CELL) _____
(Please include area code)

E-mail address: *(optional)* _____ **Alt Email address:** _____

DATE AVAILABLE FOR EMPLOYMENT WITH FRANKLIN PUBLIC SCHOOLS _____

HAVE YOU PREVIOUSLY APPLIED TO THE FRANKLIN PUBLIC SCHOOLS BEFORE?

HAVE YOU EVER BEEN, OR ARE YOU CURRENTLY EMPLOYED BY FRANKLIN PUBLIC SCHOOLS/TOWN OF FRANKLIN? _____

IF YES, PLEASE LIST DATES AND JOB TITLE. _____

PLEASE LIST ANY RELATIVES CURRENTLY WORKING FOR FRANKLIN PUBLIC SCHOOLS OR THE TOWN OF FRANKLIN -

EDUCATION

	Name and Address of School	Dates Attended From To		Major	Degree Awarded
High School					
Undergraduate					
Graduate					
Other					

WORK EXPERIENCE

EMPLOYER	Address	Dates Employed		Position	Reason for Leaving
		From	To		

REFERENCES*

*PLEASE PROVIDE NAMES OF 3 EMPLOYMENT REFERENCES NOT RELATED TO YOU AND WHO MAY BE CONTACTED

Name	Telephone Number		Relationship to You	Position of Individual
	Cell	Work		

I authorize investigation of all statements contained herein. I agree that officials of the Franklin Public Schools may verify all statements made in this application. I agree that any misrepresentation or omission of facts is cause for automatic dismissal.

DATE

SIGNATURE OF APPLICANT

VOLUNTARY RACE/ETHNICITY FORM

CONFIDENTIAL INFORMATION

Name: _____ Date of Birth: _____

Please answer **BOTH** questions 1 and 2.

1. Are you Hispanic or Latino? (*Choose only one*)

- ☐ No, not Hispanic or Latino
- ☐ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

2. What is your race? (*Choose one or more*)

- ☐ **American Indian or Alaska Native** (*A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*)
- ☐ **Asian** (*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam*)
- ☐ **Black or African American** (*A person having origins in any of the black racial groups of Africa*)
- ☐ **Native Hawaiian or Other Pacific Islander** (*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*)
- ☐ **White** (*A person having origins in any of the original peoples of Europe, the Middle East, or North Africa*)

Signature

Date

