

Martha's Vineyard Public Charter School

PO 1150~ West Tisbury, MA 02575

508 (693-9900) Fax 508 (696-9008)

Employment Application

Martha's Vineyard Public Charter School is committed to maintaining a work and learning environment free from discrimination on the basis of race, color, religion, national origin, pregnancy, gender, sexual orientation, marital/civil union status, ancestry, place of birth, age, citizenship status, veteran status, political affiliation or disability, as defined and required by state and federal laws.

An Equal Opportunity Employer

MVPCS is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information

Applicant Name _____

Home Phone _____

Other _____

Email Address _____

Current Mailing Address:

Street or PO Box _____

City _____

State & Zip _____

How were you referred to our School? _____

Employment Positions

Position(s) applying for: _____

If hired, on what date can you start working? ____ / ____ / ____

Personal Information:

Have you ever applied to / worked for the MVPCS before? ☐ Y or ☐ N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Company? ☐ Y or ☐ N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? ☐ Y or ☐ N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) ☐ Y or ☐ N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? ☐ Y or ☐ N

If hired, are you willing to submit to and pass a background test? ☐ Y or ☐ N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? ☐ Y or ☐ N

If no, describe the functions that cannot be performed

(Note: MVPCS complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education, Training and Experience**High School:**

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? ☐ Y or ☐ N

Degree / diploma earned: _____

College / University:

School name: _____

School address: _____

School city, state, zip: _____

Number of years completed: _____

Did you graduate? ☐ Y or ☐ N

Degree / diploma earned: _____

Employment Application Form - ContinuedDo you speak, write or understand any foreign languages? ☐ Y or ☐ N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

☐ Y or ☐ N

If yes, please explain _____

Employment HistoryAre you currently employed? ☐ Y or ☐ NIf you are currently employed, may we contact your current employer? ☐ Y or ☐ N

Below, please describe past and present employment positions, dating back five years.

Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

City, state, zip: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

References

List below two persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name - First, Last: _____

Telephone Number: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____