



105
Middleboro,
508
508

READS

Collaborative/R.E.A.D.S., Inc.
East Grove Street
MA 02346
947-3634; 508 947-8530 v/tty
946-1088 fax
reads@readscollab.org

READS MISSION STATEMENT

The mission of READS Collaborative/R.E.A.D.S., Inc. is to provide high quality, cost-effective educational programs and services for all students.

APPLICATION for EMPLOYMENT

READS Collaborative/R.E.A.D.S., Inc. considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

This application for employment shall be considered active for the period of time up to the filling of the position. Any applicant wishing to be considered for employment after this time should inquire as to whether or not applications are being accepted at that time.

Date _____

1. Name _____

2. Permanent Address _____

3. Permanent Telephone # _____ Business Telephone # _____

4. Position for which you are applying _____

5. Massachusetts Teacher's or Therapist's certification
Fields/levels for which you are certified (state if standard or provisional):

Field	Level	Certification #

- 6. Have you ever filed an application with us before? Yes No
If so, for what position did you apply? _____
- 7. Have you ever been employed with us before? Yes No
If so, date(s) and position _____
- 8. Are you currently employed? Yes No
If yes, may we contact your present employer? Yes No
- 9. Upon employment, will you be able to submit verification of your legal right to work in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment)
- 10. What date would you be available to work? _____
- 11. Are you currently on lay-off status and subject to recall? Yes No
- 12. Can you travel between school buildings if required? Yes No

EDUCATION

Name/Address of School	Course of Study	Years Completed	Diploma/Degree
High School _____			
Undergraduate _____			
Graduate/Professional _____			
Other (Specify) _____			

Describe any specialized training, apprenticeship, skills, and extra curricular activities.

Describe what specific assets you would provide to your READS employment.

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and verifiable volunteer experience. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap, or other protected status, unless you so desire.

Employer _____

Dates employed from _____ to _____

Supervisor _____

Address _____

City, State, Zip _____

Telephone Number _____

Job title _____

Work performed _____

Reason for leaving _____

Employer _____

Dates employed from _____ to _____

Supervisor _____

Address _____

City, State, Zip _____

Telephone Number _____

Job title _____

Work performed _____

Reason for leaving _____

Employer _____

Dates employed from _____ to _____

Supervisor _____

Address _____

City, State, Zip _____

Telephone Number _____

Job title _____

Work performed _____

Reason for leaving _____

If you need additional space, please continue on a separate sheet of paper.

REFERENCES (subject to verification)

Name _____ Telephone # _____

Relationship to Applicant (former employer, etc.) _____

Name _____ Telephone # _____

Relationship to Applicant _____

Name _____ Telephone # _____

Relationship to Applicant _____

Have you ever been convicted of a criminal offense? _____ Yes _____ No
If yes, please provide details.

Are you now under charge for any criminal offense for which you are awaiting trial or final disposition? _____ Yes _____ No
If yes, please provide details.

Criminal offender record information (CORI) is confidential in Massachusetts pursuant to the CORI ACT (M.G.L. c.6, section 167-178B). A CORI search application must be filled out and signed by the applicant. Employment cannot begin until satisfactory CORI clearance is confirmed.

Statement of Compliance

I agree that, if accepted for employment, I will abide by all rules and policies and procedures of READS Collaborative/R.E.A.D.S., Inc., considering that they may change from time to time.
Initials _____

If employed, I authorize READS Collaborative/R.E.A.D.S., Inc. its employees and/or agents to provide any and all information regarding my employment history to any prospective employer who makes such a request of READS Collaborative/R.E.A.D.S., Inc. The request may be in writing or made orally. Likewise, READS Collaborative/R.E.A.D.S., Inc., its employees and/or agents may provide the information orally or in writing. I understand and agree that I will not bring any action against READS Collaborative/R.E.A.D.S., Inc., its employees or agents, and/or against the prospective employer, its employees or agents which relates to this release and/or the provision of information pursuant to this release.
Initials _____

Statement of Truth

I certify that the information that I have provided on this application and in association with this application for employment is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary, including a complete reference check. I understand that any falsification, fabrication, unreasonable embellishment or omission of facts called for on this application or submitted by me in association with this application, as adjudged by the employer in its sole discretion, may result in denial of employment or in the event that I am hired, upon the discovery of such falsification, fabrication, unreasonable embellishment or omission, in immediate dismissal. Further, I understand that the employer may rescind any offer of employment if any references are inadequate or unacceptable to the employer.

Signature _____ Date _____

**READS IS AN EQUAL OPPORTUNITY/
AFFIRMATIVE ACTION EMPLOYER**

COMPANY LETTERHEAD (The above code must remain visible)

CHAPTER 6, § 172H CORI REQUEST FORM

Regional Educational Assessment And Diagnostic Services is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

VOLUNTEER INFORMATION (PLEASE TYPE)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested but not required)

*ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.