



READS Collaborative
105 East Grove Street
Middleboro, MA 02346
508 947-3634; 508 947-8530 v/tty;
508 923-8677 VP; 508 946-1088 fax
reads@readscollab.org

READS MISSION STATEMENT

The mission of READS Collaborative is to provide high quality, cost-effective educational programs and services for all students.

APPLICATION for EMPLOYMENT

READS Collaborative 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 _____ Email _____

2. Permanent Address _____

3. Permanent Tel. # _____, Business # _____, Cell # _____

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	#
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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-passport or driver's license and social security card)
- 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 _____

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 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. In addition, the employee will agree to subsequent legislative or regulatory requirements with regard to fingerprinting and background checks.

Statement of Compliance

I agree that, if accepted for employment, I will abide by all rules and policies and procedures of READS Collaborative, considering that they may change from time to time.

Initials _____

If employed, I authorize READS Collaborative 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. The request may be in writing or made orally. Likewise, READS Collaborative, 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, 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**

Theresa A. Craig, Ed.D.
Executive Director

508 947-3634 Ext. 100
Fax: 508 946-1088



READS Collaborative

105 East Grove St., Middleboro, MA 02346

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

READS Collaborative is registered under the provisions of M.G.L. c. 6, ss 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to READS Collaborative to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing READS Collaborative with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The READS Collaborative may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that READS Collaborative must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Print Name

INFORMATION CONCERNING THE PROCESS IN CORRECTING A CRIMINAL RECORD

1. If you have undergone a background check by an agency that has received a criminal record from the DCJIS, you may ask the agency to provide you with a copy of the criminal record. You may also request a copy of your adult criminal record from the Department of Criminal Justice Information Services, 200 Arlington Street, Suite 2200, Chelsea, MA 02150 or by calling (617)660-4640 or go to http://www.mass.gov/Eeops/docs/cjis/cori_request_personal.pdf
2. The DCJIS charges \$25.00 fee to provide an individual with a copy of his/her criminal record. You may complete an affidavit of indigency and request that the DCJIS waive the fee.
3. Upon receipt, review the record. If you need assistance in interpreting the entries or dispositions, please review the disposition code and "how to read a criminal record" on the DCJIS website www.mass.gov/cjis/cori/cori_bop.html
4. The DCJIS does not offer "walk-in" service but you may call our Legal Division at (617)660-4760 for assistance or the CARI Unit of the Office of the Commissioner of Probation at (617)727-5300.
5. If you believe that a case is opened on your record that should be marked closed, you may contact the Office of the Commissioner of Probation Department at the court where the charges were brought and request that the case(s) be updated.
6. If you believe that a disposition is incorrect, contact the Chief Probation Officer at the court where the charges were brought or the CARI Unit at the Office of the Commissioner of Probation and report that the court incorrectly entered a disposition on your criminal record.
7. If you believe that someone has stolen or improperly used your identity and were arraigned on criminal charges under your name, you may contact the Office of the Commissioner of Probation CARI Unit or the Chief Probation Officer in the court where the charges were brought. For a listing of courthouses and telephone numbers please see www.mass.gov/cjis/cori/cori_codes_court.html
8. In some situations of identity theft, you may need to contact the DCJIS to arrange to have fingerprints analysis conducted.
9. If there is a warrant currently outstanding against you, you need to appear at the court and ask that the warrant be recalled. You cannot do this over the telephone.
10. If you believe that an employer, volunteer agency, housing agency or municipality has been provided with a criminal record that does not pertain to you, the agency should contact the CORI Unit for assistance at (617)660-4640.