WAREHAM PUBLIC SCHOOLS
Office Of Student Services
Multi-Service Center
48 Marion Road, Wareham, MA 02571

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Director of Student Services
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APPLICATION FOR EMPLOYMENT IN THE SPECIAL EDUCATION EXTENDED YEAR PROGRAM

Personal Information (all applicants complete this section)

Name: _____ (Last) _____ (First) _____ (Middle)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Phone: _____ (Day) _____ (Evening) _____ (Cell)

Email: _____

Current employer or educational institution: _____

Position applying for: ☐Teacher ☐ Paraprofessional ☐ Other _____

Program: ☐ 5 week program ☐ 6 week program

Preferred age group: _____

Additional Information (to be completed if you are a Wareham Public Schools employee)

Please note any preferences you have regarding your assignment:

_____

_____

Additional Information (complete this section *only if you are <u>not</u>* a Wareham Public Schools employee)

References (please provide two):

Name	Position	Institution	Telephone No.

Certifications/Qualifications: _____

Educational degrees received or current status if still in college: _____

Teaching certification areas & certification number: _____

Other certification/license information & number: _____

I hereby apply for a position in the Wareham Public Schools and certify that the information given in this application is true and accurate to the best of my knowledge. I further authorize the Wareham Public Schools to solicit personal data relevant to my application for employment and I waive my right to see that data.

Signature: _____ Date: _____