Marlborough Board of Education

25 School Drive, Marlborough, Connecticut 06447 Telephone: (860) 295-6236/Fax: (860) 295-6153

NON-CERTIFIED EMPLOYEE APPLICATION

Date:	Position ap	plied for:
Name: First	Middle	Last
First	Middle	Last
Present Address:		
		Telephone No.:
Permanent Address:		
		Telephone No.:
Are you a United States Cit	izen? 🗆 Yes 🗆 N	Го
Have you ever been convicte	ed of a crime?	□ No
If yes, please give details:		
Have you been fingerprinted	d?	□ No
		_ 110
If yes, when and where:(Proo	f that you have been fingerp	rinted is required.)
		nires all new employees be processed with a criminal g and criminal background check by local, state and FBI
SIGNATURE		DATE

The Marlborough Board of Education prohibits harassment and discrimination on the basis of race, color, religious creed, age, marital status, military or veteran status, national origin, sex, ancestry, sexual orientation, or past or present physical or mental disability in accordance with Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Section 504 and the Federal Vocational Rehabilitation Act of 1973, the American Disability Act of 1989, the Civil Rights Act of 1987 and applicable state laws.

EMPLOYMENT HISTORY: Please provide the following information for each job held, starting with your most recent employment.

Employer:		
Employer's address:		
Title/position:		
Starting wage:		
Employer:		
Reason for leaving:		
Starting wage:		
Employer:		
Employer's address:		
Employer's telephone number:		
Title/position:		
Job duties:		
Supervisor's name:		
Dates employed:		
Reason for leaving:		
Starting wage:	Ending wage:	

EDUCATIONAL BACKGROUND:

	ucation: List all high schoo		
Name/Location	Major Subject Area	Years Completed	Degree/Diploma
B. Higher Educat	tion: List all schools attende	ed since high school.	
Name/Location	Major Subject Area	Years Completed	Degree/Diploma
C. Other schools	or training: (trade, vocation	onal, business)	
Name/Location	Major Subject Area	Years Completed	Degree/Certificate Earne
PERSONAL REFERE	ENCES: Please list three.		
NAME	ADDRESS	YEARS KI	NOWN PHONE #