

Printing and Submission Instructions

1. Please print one copy of the Application form (2 pages, front and back) on a single sheet. Complete and sign this document.
2. Please print three copies of the *Release to Conduct Background Check and Request for Information* sheets (2 pages, front and back). You should complete and sign side one of this document, then submit it with your application form, cover letter and any other support documentation to:

Brenda Gentle
Rochester School Department
150 Wakefield Street - Suite 8
Rochester, NH 03867-1348

3. Please do **not** send the *Request for Information* document to your references. We will contact the references if they are needed.
4. If you have questions, you may phone (603) 332-3678 or e-mail to gentle.b@rochesterschools.com

ROCHESTER, NEW HAMPSHIRE SCHOOL DISTRICT

SCHOOL ADMINISTRATIVE UNIT #54

Equal Opportunity Employer

TEACHER AIDE/ASSISTANT APPLICATION (PARA-EDUCATOR)

Name _____ Date _____

Address _____ Tel # (_____)

City/State/Zip _____ Alt. Tel # (_____)

E-Mail Address: _____ Are you legally eligible for employment in the U.S.? _____

Minimum salary you would accept: _____

Grade Level of Position Applying for: Elementary MS HS

EDUCATION AND PROFESSIONAL TRAINING

A minimum standard of a high school diploma or equivalent is necessary.

High School _____ Diploma _____ G.E.D. _____ Graduation Year _____

College _____ Course _____ Degree _____ Graduation Year _____

Univ. _____ Course _____ Degree _____ Graduation Year _____

Other _____ Course _____ Degree _____ Graduation Year _____

EMPLOYMENT HISTORY

Previous Employer (name & phone)	Position	Dates of Employment	Reason for Leaving

Please attach a resume.

Three Request for Reference forms (attached) **must** be completed, with current addresses and phone numbers of persons not related to you. **Please do not forward the form to the reference for completion.** References must include your two most recent employers.

Please complete the reverse side.

Side 2: Request for Information
(To be completed by reference)

Applicant Name: _____ Position: _____

The above named individual was previously employed by you or is otherwise known to you, and has given permission for us to request a reference. All information will be held in strict confidence and no disclosure will be made to the prospective employee. A self-addressed, stamped envelope is enclosed for reply at your earliest convenience.

In what capacity do you know the applicant? _____ How long? _____

If you are a former employer:

Applicant was employed from _____ to _____ Position _____

Reason for leaving: _____

Would you rehire this individual Yes No

Do you recommend the individual for this position? Yes No

Please check the appropriate remarks:

	Outstanding	Above Average	Average	Below Average	Don't Know
Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments on the applicant that would further assist us in our selection:

Signature: _____

Title: _____

Date: _____

City of Rochester School Department

Mr. Michael Hopkins
Superintendent of Schools

Office of the Superintendent
150 Wakefield Street, Suite #8
Rochester, NH 03867-1348
(603) 332-3678
FAX: (603) 335-7367

Mrs. Sharon Pray
Director of Student Services

Mrs. Mary Moriarty
Assist. Superintendent of Schools

Mrs. Brenda Gentle
Human Resources Director

Side 1: Release to Conduct Background Investigation (To be completed by the applicant)

Section A: Release

I, _____, have applied for a position as a _____ with the Rochester School Department. I hereby grant permission to the Rochester School Department to conduct an investigation of my background, including education, employment, health, credit, reputation, military records, criminal history records and any other factors which the Rochester School Department may deem proper and necessary in order to properly assess my character and background.

I give permission for any person, business, or institution contacted in the course of such investigation to release any and all information properly requested, including the entire contents of my personnel file, and photocopies of the same if requested. I do hereby release such person, business, or institution from all liability for providing correct information. I further release such person, business, or institution from any previous agreement, verbal or written, which would prohibit the release of information pertinent to the investigation by the Rochester School Department.

I understand that, under New Hampshire state law, no final offer of employment can be made by the Rochester School Board unless and until successful completion of the criminal history records check has been confirmed by the Rochester School Department. **Accordingly, I understand and acknowledge that any offer made by the Rochester School Board, its officials, agents, or assigns, whether by formal vote of the Board, written or verbal notification, or other means, is conditional and will become void and be withdrawn if warranted by the results of the criminal history records check.**

I recognize the right of the Rochester School Department to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained therefrom.

Signature of Applicant

Date

Signature of Witness

Date

Section B: Reference Information

Name of Reference

() _____
Current Work Phone

Current Address

() _____
Current Home Phone

City/State/Zip

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