

MILFORD PUBLIC SCHOOLS
31 West Fountain Street, Milford, Massachusetts 01757

2020-2021
RETURNING SUBSTITUTE APPLICATION

PERSONAL INFORMATION (Please circle any new information that needs to be updated in our files)

NAME _____ TEL # _____
 First Middle Initial Last

ADDRESS _____
 STREET TOWN STATE ZIP

EMAIL ADDRESS: _____

POSITION DESIRED: Teacher _____ Teacher Assistant _____

I wish to substitute in grades: PreK _____ K-2 _____ 3-5 _____ 6-8 _____ 9-12 _____

I will be available for full time _____ part time _____ substitute service.

If part time, please indicate specific days, or number of days you are available: _____

College students, please list your availability: _____

EDUCATIONAL AND PROFESSIONAL TRAINING

College/University _____

Degree _____ Major/Field _____ Date Received _____

Graduate Degree(s) _____
 Degree Date Received College/University

Do you have Massachusetts DESE certification? Yes _____ No _____. If yes, in what area(s) or subject(s)? _____ Certification Number _____
 (Copy of current certification required with this application)

If no, have you applied for certification? _____ When? _____

TEACHING EXPERIENCE

School System & Address	Grade or Subject	Duration: From – To	Permanent or Substitute

Did you work as a substitute during the 2019/2020 school year? YES _____ NO _____

The policy of the Milford Public Schools is to place certified teachers first followed by applicants having a college degree. The Milford Public Schools is an equal opportunity employer. It is also our policy that we comply with Title IX and Chapter 622 regarding discrimination in our programs, activities and employment practices.

Signature: _____ Date: _____



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services 200
 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization .

**Criminal Offender Record Information (CORI)
 Acknowledgement Form**

To be used by organizations conducting CORI checks for employment or licensing purposes.

Milford Public Schools is registered under the
 (Organization)
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Milford Public Schools

(Organization)

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 Milford Public Schools
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

I also understand, that Milford Public Schools may conduct
 (Organization)
 subsequent CORI checks within one year of the date this Form was signed by me.

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

_____ *Signature of CORI Subject* _____ *Date*

Please check off the reason for this CORI:

- Parent Volunteer _____
- Non-Parent Volunteer _____
- Contractor/Subcontractor _____
- Other (Please specify) Substitute

Volunteer Location _____



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SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION - OFFICE USE ONLY

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date

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