



LABBB Employment Application

Desired Position: _____

Program(s):

Elementary Schools	Middle Schools	High School	Central Office
<input type="checkbox"/> Butler (Belmont)	<input type="checkbox"/> Chenery (Belmont)	<input type="checkbox"/> Arlington High	<input type="checkbox"/> LABBB Central Office
<input type="checkbox"/> Wellington (Belmont)	<input type="checkbox"/> Ottoson (Arlington)	<input type="checkbox"/> Bedford High	
<input type="checkbox"/> Fox Hill (Burlington)	<input type="checkbox"/> John Glenn (Bedford)	<input type="checkbox"/> Belmont High	
<input type="checkbox"/> Francis Wyman (Burlington)		<input type="checkbox"/> Burlington High	
<input type="checkbox"/> Memorial (Burlington)		<input type="checkbox"/> Lexington High	
		<input type="checkbox"/> Career Directions	

Applicant Demographics:

Applicant's Full Name: _____

Full Mailing Address: _____

Telephone Number: _____ Email: _____

Date of Birth: _____ Gender: _____ Social Security #: _____

Educational & Professional Training Information:

Education Level	School Name	Dates Attended	Grad Year	Degree	Concentration
High School					
Undergraduate					
Graduate					

Do you have a DESE License? _____. If yes, what's your license number? _____.

Do you have another Mass. professional license related to your desired position? _____.

If yes, who is the issuing body? _____. What's your license number? _____.

Professional References:

Name	Relation	Telephone Number	Email Address

Notice to Applicants

It is the policy of LABBB Collaborative not to discriminate on the basis of race, sex, color, religion, sexual orientation, national origin, age, handicap, or any other protected class with respect to its hiring practices. With respect to *Relevant Work Experience*, an applicant may include verifiable work performed on a volunteer basis. No verbal promises regarding employment are binding on the part of the employer.

By signing below, I certify I've read the above notice and all information provided on this employment application is true and complete to the best of my knowledge. I authorize LABBB Collaborative to review my character and skills for the position to which I'm applying by reviewing my application, any supporting documents, and by contacting my references.

Applicant's Signature

Date Signed