BELCHERTOWN PUBLIC SCHOOLS

14 Maple Street, P. O. Box 841, Belchertown, MA 01007

Telephone: 413-323-0423 Fax: 413-323-0448

Application for Instrumental Music Teacher Position: Private Lessons

Mail with a copy of your current résumé to the address above, attention:
Dr. Judith Houle, Superintendent of Schools.

(Please type or print clearly) No email submissions will be accepted.

Name: _____

Address: _____

Phone number: Land line (___) ___ - _____ Cell phone (___) ___ - _____

Instrument(s) of expertise: _____

Education:

	Name of school	Location	Course/Major	Dates of attendance	Degree or Certification
High School					
College					
Graduate					
Other					
Other					

Professional Experience (beginning with most recent, list teaching and/or performance experience):

From	To	# Years	Position	District/ Organization	City	State

Are you a citizen of the United States? _____Yes _____No

If not, do you intend to become a citizen of the United States? _____Yes _____No

If you are not a U.S. Citizen, proof of immigration status may be required upon employment.

The Belchertown School District does not discriminate on the basis of age, sex, race, religion, color, national origin, sexual orientation, or disability in accordance with applicable laws and regulations.

Success for Every Student Every Day

Professional References (list three):

FULL NAME	TITLE
CITY/TOWN/STATE	PHONE: EMAIL:
FULL NAME	TITLE
CITY/TOWN/STATE	PHONE: EMAIL:
FULL NAME	TITLE
CITY/TOWN/STATE	PHONE: EMAIL:

Have you been convicted of any felony within the last five years? _____Yes _____No

If yes, please explain:

Within the last five years, have you been released from incarceration, from drug or alcohol rehabilitation, or charged with a misdemeanor which is not a first offense?
_____Yes _____No

If yes, please explain:

PLEASE NOTE THAT IF HIRED YOU WILL BE SUBJECT TO A NATIONAL BACKGROUND AND CRIMINAL HISTORY CHECK, SATISFACTORY TO THE EMPLOYER, AND IS A CONDITION OF HIRING OR CONTINUATION OF EMPLOYMENT PRIOR TO THE RECEIPT OF THE ABOVE REFERENCED CRIMINAL CHECKS

Certification

I certify that all statements made in or in connection with this application are true, complete, and correct to the best of my knowledge and belief. I understand that incomplete, false, or inaccurate information may result in the rejection of this application, or if I am employed, may result in my dismissal.

Date _____ Signature _____