

# SCITUATE SCHOOL DEPARTMENT

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CAROL A. BLANCHETTE  
SUPERINTENDENT OF SCHOOLS

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SCHOOL COMMITTEE  
ERIKA MCCORMICK, CHAIR  
JAMES M. SCACCO, JR., CLERK  
CAROLYN DIAS  
MARY MANNING-MORSE  
COLEEN PENDERGAST

## **Application Procedure** **for Substitute Custodial Position**

Thank you for your interest in the Scituate School Department.

The components listed below must be complete and on file at the administration office before you can be called for an interview:

1. Application (attached)
2. National Background Check with fingerprints – It is important for you to call the Administration Office for a conditional letter of employment to present at the Attorney General's office. Please note that the school department must have/see original national background check documents. With proper proof of payment, substitute custodians will be reimbursed for the cost of the background check.
3. I-9 form - To be completed at Administration Office. You will be required to provide 2 forms of identification such as Driver's License, Social Security Card or Passport.
4. W-4 form - To be completed at Administration Office

➤ **When your packet is complete, you will be called for an interview. Upon successful completion of the interview, your name will be added to our substitute list.**

The Scituate School Department does not discriminate on the basis of age, sex, sexual orientation, marital status, race, religion, national origin, color, creed, political affiliation or disability in any of its educational programs and activities, and in employment and application for employment, as required by Title IX of the Education Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VI and VII of the Civil Rights Act of 1965, the Age Discrimination Act of 1975, and other federal and state laws that prohibit discrimination. The following person has been designated to handle inquiries regarding the non-discrimination policies: Equal Employment Officer, P.O. Box 188, North Scituate, Rhode Island 02857, Telephone: (401) 647-4100; Email: [EEO@ScituateSchoolsRI.net](mailto:EEO@ScituateSchoolsRI.net). You may also direct inquiries directly to: Office for Civil Rights (Boston Office), U.S. Department of Education, 8<sup>th</sup> Floor, 5 Post Office Square, Boston, MA 02109-3921, Telephone: (617) 289-0111; Facsimile: (617) 289-0150; Email: [OCR.Boston@ed.gov](mailto:OCR.Boston@ed.gov). If you require an accommodation to attend a meeting or program at a school, call the Equal Employment Officer at least two business days in advance of the meeting or program.

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 TEL (401) 647-4100 FAX (401) 647-4102

**PLEASE PRINT**

Name:	Date:
Complete Address:	
Telephone:	Position Applied For:

**EDUCATION**

Schools Attended	Dates Attended	Graduation Date AND Degree/Diploma or Certificate Earned
High School:		
Technical School(s):		
Other:		

**EMPLOYMENT BACKGROUND:** Start with most recent employer.

Company Name & Address	Position	Dates	Why Left? Be Specific
1.			
2.			
3.			
4.			

**EMPLOYMENT REFERENCES:** List three employment references of people who were/are employers and/or supervisors in your previous employment who know of your work.

Name	Business Name and Address	Telephone	Employment Relationship
1.			
2.			
3.			

**EMPLOYMENT REFERENCE SPECIFICS**

With respect to Employment References, please include the name and specific contact information of your present immediate supervisor/employer and/or the name of your immediate supervisor/employer in your position just prior to your present job.

**PLEASE PRINT and attach additional information if necessary.**

SUPERVISOR/EMPLOYER NAME

\_\_\_\_\_

COMPLETE NAME AND ADDRESS OF

COMPANY \_\_\_\_\_

**WORK** TELEPHONE NUMBER OF IMMEDIATE

SUPERVISOR/EMPLOYER \_\_\_\_\_

EMAIL OF IMMEDIATE

SUPERVISOR/EMPLOYER \_\_\_\_\_

\*It will be helpful, not mandatory if this person would attach a brief reference letter.

**PERSONAL REFERENCES:** List no more than one relative.

Name	Address	Teleph ne	Relationship (co-worker, family, friend, etc)
1.			
2.			
3.			

Additional Information that you feel will be helpful to us

\_\_\_\_\_  
\_\_\_\_\_

\_I hereby grant permission for your public school to investigate any information contained on this application, and release said school district from any liability resulting from such investigation. I understand that any false statement on this application is sufficient reason for my dismissal. Upon termination, I authorize the release of references and information regarding my work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **COLLECTION OF APPLICANT POOL DATA**

**Completion of this portion of the application is STRICTLY VOLUNTARY** and will not affect your opportunity for consideration for a position. We are required by the Rhode Island Department of Education to include the following on each of our applications.

Please check all that apply.

Male

Female

Black

Handicap

Veteran

Hispanic

American Indian/Alaskan Native

Asian American/Pacific Islander

White