

8. **References:** Please list individuals qualified to give information to support your qualifications for the position.

Name	Address + zip code	Telephone	Title/Occupation

9. The Berkley School Committee reserves its right to request or consider **Criminal Offender Record Information (CORI)** when it takes action on this application for employment.

10. **I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Berkley Public Schools or disqualification of my employment application. I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.**

Signature _____

Please return completed application to the following address:
Superintendent of Schools, Berkley Public Schools, 21 North Main Street, Berkley, MA 02779
Telephone 508-822-5220; Fax 508-823-1772

EOE/Applicants are considered for all positions without regard to race, color, sex, gender identity, religion, national origin, sexual orientation or disability. This application will be kept on file for a period of two years only, unless we are notified in writing that you wish to keep your file active.