

Are you available every day? Yes _____ No _____ If not available every day, please specify when you are available: _____

REFERENCES

Name	Address	Position
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The Easthampton Public Schools are an equal opportunity employer and do not discriminate against race, color, national origin, sex, gender identity, creed, marital status, disability, religion, or sexual orientation.

* * * * *

FOR OFFICE USE ONLY

Name _____

Certification _____

Transcript _____

CORI _____

I-9 _____

W4 _____

OBRA _____

Harassment Policy _____

EASTHAMPTON PUBLIC SCHOOLS

EASTHAMPTON MUNICIPAL BUILDING

50 Payson Avenue, 2nd Floor

Easthampton, MA 01027

(413) 529-1500 TEL

(413) 529-1567 FAX

e-mail: nfollansbee@epsd.us

website: www.epsd.us



Nancy Follansbee, Superintendent

RE: MGL Chapter 459 of the Acts of 2012 "An Act Relative to Background Checks"

Dear Substitute:

As an employee of the Easthampton Public Schools, you are required to comply with the requirement of Chapter 459 of the Acts of 2012, "An Act Relative to Background Checks". This law, codified as an amendment to MGL c. 71 § 38R, requires that everyone employed by a Massachusetts school district who may have "direct and unmonitored contact with children" submit to "a state and national fingerprint-based criminal background check."

After some delay the Statewide Applicant Fingerprint Identification Services (SAFIS) registration website is now open and available for applicants to begin scheduling fingerprinting appointments. All newly hired school employees, including administrators, teachers, long- or short-term substitutes, tutors, paraprofessionals, administrative assistants, custodial staff, cafeteria workers, and bus drivers, who work in the schools, are required to complete the new fingerprint-based state and national background check.

CORI checks, which also are mandatory, have no associated fee for employees. There is, though, a fee for running the national fingerprint-based checks. The fee currently is **\$55 for school employees licensed under Section 38G** (DESE-licensed individuals employed as educators and specialists, and *any other employee* who holds DESE licensure, regardless of her/his position) and **\$35 for all others**. Payment of the fee is the responsibility of the individual employee.

On our District's website, www.epsd.us, you will find the SAFIS Program Registration Guide for Pre-K-12th Grade Education (ESE), as well as the SAFIS-FORM-004, How to Change, Correct, or Update your national Criminal History Record Response paperwork.

Please go to <http://www.identogo.com/FP/Massachusetts.aspx> or phone (866) 349-8130 to schedule your appointment. You will be required to provide Easthampton Public School Department of Elementary & Secondary Education (ESE) Organization Code: 00860000. (Substitutes, interns, student teachers, and subcontractors, may provide up to 10 district organization codes to eliminate the need to pay the fee multiple times).

At the time you are fingerprinted you will be provided with a fingerprint receipt. A copy of this receipt must be provided to Sue Colby at the above address. This will serve as confirmation for the Easthampton Public Schools that your fingerprints were captured as required by law.

If you have any questions, please feel free to contact Sue Colby at 413-529-1500 ext. 121.

Sincerely,

Nancy Follansbee
Superintendent of Schools



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website: www.epsd.us

Superintendent of Schools: Nancy Follansbee

SUBJECT INFORMATION:

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (if applicable)

Phone number

DATE OF BIRTH

PLACE OF BIRTH

Last six Digits of Your Social Security Number (required) _____

Sex: _____ Height: ___ft. ___in. Eye Color: _____ Race: _____

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

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses

Street Number & Name City/Town, State, Zip

Street Number & Name City/Town, State, Zip

The above information was verified by reviewing the following form(s) of government issued identification:
(a copy of picture identification must be attached to this form)

Verified by: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

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