

**NEW HIRE TRANSACTION FORM
ARLINGTON PUBLIC SCHOOLS**

REQUEST DATE: _____

STARTING DATE: _____

A. EMPLOYEE INFORMATION

NAME: _____	Home Phone: _____
ADDRESS: _____	Cell Phone: _____
	EMAIL: _____

B. NEW HIRE INFORMATION

JOB TITLE: _____	GRADE: _____
Department Location: _____	Work Location: _____

FULL TIME

Less than full time – number of days per week: _____ **Days Working:** M ☺ T ☺ W ☺ TH ☺ F ☺

RECOMMENDED BY: _____

IS THIS A NEWLY CREATED POSITION? _____ **IF NO, REPLACING** _____

AMOUNT BUDGETED: _____ ***POSITION CODE:** _____

*(Will not be processed without code)

Clarifying Information: _____

PAYROLL DEPARTMENT (AND MTRB – Mass.Teachers Retirement Board)

Social Security #: _____ **MASS.CERTIFICATION #** _____

Birth Date _____ **DISCIPLINE:** _____

C. PREVIOUS ASSIGNMENT WITHIN DISTRICT (If applicable)

Job Title: _____	Location: _____
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D. REFERENCES CONTACTED:

CONTACTED BY:

Date: _____ Name/Title: _____

Date: _____ Name/Title: _____

Date: _____ Name/Title: _____

E: TO BE COMPLETED BY SUPERINTENDENT OR ASSISTANT SUPERINTENDENT

DEGREE / LANE: _____ **STEP:** _____ **Asst. Superintendent:** _____

ANNUAL SALARY _____ **Superintendent:** _____

Date: _____

NOTE: PLEASE OBTAIN ITEMS, CHECK BOX(s), AND SEND TO SUPERINTENDENT'S OFFICE WITH THIS FORM:

- RESUME and/or
- ON-LINE APPLICATION
- TRANSCRIPTS (Originals – Copies)
- RECOMMENDATIONS (3)
- COPY OF CERTIFICATION