

—PART D—

**Scholar Application**

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Center: \_\_\_\_\_

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

*For Office Use:*

Approved: \_\_\_\_\_ Approval Date: \_\_\_\_\_

*(Please complete the following information and attach copies of all required documentation.)*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Have you applied for or completed Teacher Level Training Scholarship at any other Children's Dyslexia Center? ☐ Yes ☐ No

If "Yes", Center \_\_\_\_\_ ID# \_\_\_\_\_

Academic History (begin with highest degree)

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_ Major \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_ Major \_\_\_\_\_

Other Credits: \_\_\_\_\_

Please submit a description of your multisensory training which includes the principal instructor, institution, address, dates, total hours, coursework hours, practicum hours and ages taught. Submit a copy of Certificates or other proof of completion.

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

Multisensory experience: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ ✓ if over the age of 18 ☐

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Prior addresses, if any, for the last 5 years and length of time at each address:

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Have you worked as an adult with children and youth groups? ☐ Yes ☐ No

If so, please list and describe: \_\_\_\_\_

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### **Employment Profile**

Occupation: \_\_\_\_\_

Name and address of current Employer: \_\_\_\_\_

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Length of Employment: \_\_\_\_\_

If employed less than 5 years, previous employers, addresses, and lengths of service with each: \_\_\_\_\_

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### **Education Profile**

What is the highest grade you have completed? \_\_\_\_\_

Name and location of High School attended: \_\_\_\_\_

Name and location of College attended: \_\_\_\_\_

### **Personal Profile**

Have you ever been convicted of any felony or misdemeanor offenses for any of the following?

- ☐ Yes ☐ No The possession, use or transfer of alcohol
- ☐ Yes ☐ No The possession, use or transfer of illegal drugs
- ☐ Yes ☐ No Crimes in which the victim or accomplice was a minor
- ☐ Yes ☐ No Activities in which you physically or sexually abused anyone, male or female, or condoned such abuse by others
- ☐ Yes ☐ No Activities in which you were involved in the creation, possession, use or transfer of pornographic materials
- ☐ Yes ☐ No Any other offense not mentioned above

If "Yes" to any of the above, list and explain all such felony and misdemeanor convictions:

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Has any adverse action been taken by any organizations, schools, churches or day care centers against you while you were an employee or volunteer for such organization or entity?

☐ Yes ☐ No If "Yes", list and explain \_\_\_\_\_

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

It to the best of your knowledge and belief are there any facts or circumstances involving you or in your background that would call into question being entrusted with the supervision, guidance and care of young people?

☐ Yes ☐ No If "Yes", list and explain \_\_\_\_\_

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

**NOTE:** It is unlawful in Massachusetts to require or administer a lie detector as a condition of employment and an employer who violates this law is subject to criminal penalties and civil liabilities.

### **Reference Profile**

List three people who have known you for at least the last five years who we may contact if more information is needed:

Name \_\_\_\_\_ Connection \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Connection \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Connection \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Comments \_\_\_\_\_

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

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I certify that the information given herein is true and complete to the best of my knowledge.

I authorize the investigation of all information given herein, including the investigation of all current and prior employment listed above, as may be necessary to arrive at an employment decision. I understand that this Application is not, and is not intended to be, a contract of employment and that any employment is strictly "at will".

I hereby release any party investigating the information provided by me in this Application, as well as any party providing information about my background, from any and all claims and damages in connection with the investigation or verification of such information.

In the event of employment, I understand that false or misleading information given in this Application may result in my discharge.

**Note:** Parents or legal guardians of children who are currently receiving tutoring services at a *Center* may not participate in the Scholar training program until their child/children has/have completed the tutoring program.

**I understand that I must demonstrate mastery of the content and practical application of skills throughout the training course. The Center Director's syllabus and course outline will provide details of the standards for mastery/success throughout the training course. If I do not demonstrate the expected level of mastery, I understand that I will be discontinued from the program.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the following documents with this application:

- Copy of diploma or transcript showing your Bachelor's Degree and date awarded.
- Two letters of recommendation from persons knowledgeable about your professional work dated within the last two years.
- Current resume, including professional societies to which you belong.
- List of conferences, workshops and courses attended including presentations you have been given.