

WOBURN PUBLIC SCHOOL SYSTEM  
HEALTH SERVICES  
88 MONTVALE AVENUE  
WOBURN, MA 01801  
781-937-8213 X22

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

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

Address (permanent): \_\_\_\_\_ (temporary) \_\_\_\_\_  
(street)

\_\_\_\_\_  
(City/Town & State)

Telephone Number: \_\_\_\_\_

Present Position: \_\_\_\_\_ Present Salary: \_\_\_\_\_

How Many Years at Present Position: \_\_\_\_\_

EDUCATIONAL INFORMATION:

College/University: \_\_\_\_\_ Degree: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
Nursing License Number: \_\_\_\_\_ Are you Certified?: \_\_\_\_\_

Mass. Cert. No.: \_\_\_\_\_

REFERENCES:

Name	Position	Address	Telephone Number
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list below previous and all other employment, starting from the present and working backward as follows:

Kind of Employment: \_\_\_\_\_

Dates Employed (from and to): \_\_\_\_\_

Name and address of Immediate Supervisor(s): \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CARL R. BATCHELDER, Ed.D.  
SUPERINTENDENT OF SCHOOLS  
(781) 937-8200

# Woburn Public Schools

LOUISE MARY NOLAN, Ph.D.  
ASSISTANT SUPERINTENDENT  
FOR CURRICULUM  
(781) 937-8201

Fax: (781) 932-0668



JOSEPH V. ELIA  
BUSINESS MANAGER  
(781) 937-8202

**GWOBPS**  
**G**

*Woburn MA 01801*

## CORI REQUEST FORM

The Woburn Public School Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a (prospective) employee/volunteer for the position of \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
(Prospective) Employee/Volunteer Signature

=====

(Prospective) Employee/Volunteer Information (Please Print)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name or Alias (If Applicable)

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Requested by: \_\_\_\_\_  
Joseph V. Elia, Business Manager

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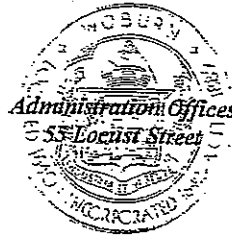
### CHSB USE ONLY

Record Attached: \_\_\_\_\_

No Record: \_\_\_\_\_

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## SUBSTITUTE PARAPROFESSIONALS/NURSES

1. You are not guaranteed work.
2. You will not be given a schedule ahead of time.
3. You are not entitled to health or insurance benefits.
4. You will be called as needed by the Supervisor of Sped/Nurses.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**The City of Woburn Public Schools has adopted a strong anti-drug/alcohol policy.**

**The Woburn Public Schools requires a drug and alcohol screening done through a urinalysis for all new employees.**

**Also, it is a policy that a TB test is on file for all employees.**

**Please contact Linda Raymond in the Woburn Public Schools Business Office to schedule an appointment for these tests at 781-937-8203.**

# Form W-4 (2004)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** You cannot claim exemption from withholding if: (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the **Instructions for Form 8233** before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit): <ul style="list-style-type: none"> <li>• If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the <b>Two-Earner/Two-Job Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b> _____

Cut here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.</p>	OMB No. 1545-0010 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2004</div>
<b>1</b> Type or print your first name and middle initial _____ Last name _____		<b>2</b> Your social security number _____
Home address (number and street or rural route) _____		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <i>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</i>
City or town, state, and ZIP code _____		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		<b>5</b> _____
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____
<b>7</b> I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b> _____		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.		
Employee's signature (Form is not valid unless you sign it.) ▶ _____		Date ▶ _____
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		<b>9</b> Office code (optional) _____
		<b>10</b> Employer identification number (EIN) _____