APPLICATION FORM FOR EXTRACURRICULAR ACTIVITY POSITIONS

SOMERSET BERKLEY REGIONAL HIGH SCHOOL 2019-2020

To:

Mr. David Lanczycki

625 County St		hool District	
Somerset, MA	02726		
Dear Mr. Lanczycki:			
In response to the exposition of:	-	osting, I am app	olying for the
PO	SITION:		
Name:			
Address:	City	State	_ Zip
Home Phone:	Cell	Phone:	
E-Mail Address:			
Date:			
I have submitted:	OBRA Form_ I-9	*Fingerprint resul W-4 Current CPR (applicable	

The cost is \$35 for non-teaching licensed personnel and \$55 for licensed personnel. When registering you will need to put in SBRSD code: 07630000.

^{*} Registration for fingerprinting must be done online at https://ma.ibtfingerprint.com/