

WOODSTOWN-PIESGROVE REGIONAL SCHOOL DISTRICT SUBSTITUTE APPLICATION FOR EMPLOYMENT



Applicant's Full Name _____
(Last) (First) (M.I.)

Other Name(s) _____

(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address _____
(Address) (City) (State) (Zip)

Permanent Mailing Address _____
(Address) (City) (State) (Zip)

Telephone Numbers - Home _____ **Cell Phone** _____

Email Address _____

Social Security Number _____ **Birthdate** _____

I certify that the responses on this application and any accompanying pages are true. I understand that the Woodstown-Pilesgrove Regional Board of Education will rely on the information contained in this application. I understand that any material omission or false response will be sufficient grounds for failure to employ or for my discharge should I become employed with the Board of Education.

I understand that any offer of employment will be conditioned upon receipt of reports revealing satisfactory results from a criminal background check and a medical examination demonstrating the absence of any conditions that would prevent me performing the essential functions of the job.

Date _____ Signature of Applicant _____

Are you legally eligible to work in the U.S.? Yes No

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE QUALIFIED

Support

- Classroom Aide
- Lunch Aide
- Paraprofessional
(ParaPro test/Substitute Certificate)

Facilities

- Custodian
- Grounds
- Maintenance

Office

- Secretarial

Teacher

- Substitute Certificate
- _____
Certificate

PLEASE CHECK WHICH BUILDINGS YOU WOULD LIKE TO SUBSTITUTE IT:

- High School (Grades 9-12) Middle School (Grades 6-9) Mary Shoemaker (Grades 1-5) William Roper (PreK-K)

I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)

Level of Education	Name of School or University/Branch	State	Field of Study	Graduated Yes or No	Type of Diploma/Certificate/Discharge
High School					
College/University					
Military					

II. WORK EXPERIENCE (List chronologically full time, part time and summer employment. Attach additional sheets if necessary.)

Employer	Complete Address City, State Zip	Phone #	Full/Part Time	Type of Work	Dates of Employment From....To
1.					
Supervisor:		Salary		Reason for leaving:	
Employer	Complete Address City, State Zip	Phone #	Full/Part Time	Type of Work	Dates of Employment From....To
2.					
Supervisor:		Salary		Reason for leaving:	
Employer	Complete Address City, State Zip	Phone #	Full/Part Time	Type of Work	Dates of Employment From....To
3.					
Supervisor:		Salary		Reason for leaving:	
Employer	Complete Address City, State Zip	Phone #	Full/Part Time	Type of Work	Dates of Employment From....To
4.					
Supervisor:		Salary		Reason for leaving:	

VIII. GENERAL INFORMATION

Yes No Have you ever had a professional certificate or license revoked or suspended? If yes, explain.

Yes No Have you ever been convicted of a violation of law other than a minor traffic violation? If yes, explain.

Yes No Are any criminal charges now pending against you? If yes, attach written explanation.

Yes No Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? If yes, explain.

Yes No Are you related to any board members or Woodstown-Pilesgrove Regional School District employee?
If yes, who? _____ Relationship? _____

Yes No Have you had military experience? From: _____ To: _____ Number of Years: _____

Yes No Do you have children attending our schools? If so, which school(s)?

Yes No Are you able with or without accommodation, to perform all essential functions of the position for which you are applying?

VII. REFERENCES

Name of Reference	Position/Relationship	Mailing Address	Phone Number
1.			
2.			
3.			
4.			
5.			