

WOODSTOWN-PIESGROVE REGIONAL SCHOOL DISTRICT

SUPPORT STAFF 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 _____ New Jersey Pension Number (PERS) _____

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.

My signature below shall serve as authorization to the Woodstown-Pilesgrove Regional Board of Education to conduct a background investigation. My signature may further be relied upon as authorization to third parties to release information concerning me. These third parties may include: law enforcement authorities, child protection agencies, motor vehicle agencies, previous employers, educational institutions, personal references, professional references and other appropriate sources. Requested information may include: dates of service, wage history, performance evaluations, attendance records, letters and/or reasons for separation from service.

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 _____

MARK THE APPROPRIATE BOXES

New Application

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

Former Employee of WPRSD Board of Education

Full Time Part Time 10 month position 12 month position

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

Do you wish to be considered for substitute work? Yes No

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

Date available for employment: _____

How much notice do you need to give your present employer to be released? _____

If presently employed, why do you wish to change?

Yes No Have you received tenure? If yes, when? _____

Yes No Have you ever had a contract not renewed?

Yes No Have you ever been discharged or requested to resign from a position? If yes, please explain.

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?

What is your present salary? _____ What is your expected salary? _____

VII. REFERENCES

It is **the applicant's responsibility** to have the following information provided to the school district in order to be considered for employment:

- A. The names of at least five reference sources must be provided and must include current employer if employed, or last employer if not currently employed. Please indicate when we may contact your current employer.

Anytime Only when a finalist for position

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