

WOODSTOWN-PIESGROVE REGIONAL SCHOOL DISTRICT

APPLICATION FOR PROFESSIONAL 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 (TPAF)** _____

Social Security Number _____ **Birthdate** _____

MARK THE APPROPRIATE BOXES

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE QUALIFIED

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Teacher –Elementary (K-5) | <input type="checkbox"/> Library/Media | <input type="checkbox"/> Principal/VP |
| <input type="checkbox"/> Previous Application | <input type="checkbox"/> Teacher – Middle (6-8) | <input type="checkbox"/> Guidance | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Former Employee of
WPRSD Board of Education | <input type="checkbox"/> Teacher – High (9-12) | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Nurse |
| | <input type="checkbox"/> Teacher of Students with Disabilities | <input type="checkbox"/> Social Worker | <input type="checkbox"/> LDTC Consultant |

Other (explain): _____

Are you legally eligible to work in the U.S.? Yes No Do you wish to be considered for substitute work? Yes No

List grade level(s), subject area(s), professional position(s) in order of preference:

I. CERTIFICATION

A. Please indicate below all new Jersey certificates you have been issued and submit a photocopy of each

Type of NJ Certificate:

- Administrative Standard Provisional Certificate of Eligibility with Advanced Standing
 Certificate of Eligibility (Alternate Route) Other (explain): _____

Have you applied for a New Jersey certificate that has not yet been issued? Yes No

If yes, please furnish your New Jersey Department of Education Tracking Number _____

Type of Certificate? _____

B. Have you been issued a certificate in another state? Yes No Name of State: _____

C. Have you taken the Praxis? Yes No (If so, please submit a copy of your scores).

II. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)

Level of Education	Name of School or University	State	Field of Study	Credits Earned	Type of Degree	Did you Graduate? Y/N
High School						
College/University						
Graduate School						

III. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships. Omit if you have three years of full time teaching experience.)

Name of School	School District/ City	State	Phone #	Cooperating Teacher	Grade Level and/or Subject	Was your student teaching experience successfully completed? Yes/No

IV. TEACHING AND ADMINISTRATIVE EXPERIENCE (List all professional experience chronologically with most recent first.)
DO NOT INCLUDE SUBSTITUTE TEACHING (Attached additional sheets if necessary)

Name of School	School District City	State	Position Held Grades and/or Subjects Taught (Specify)	Dates Mo/Day/Yr From...To	Total Years	Full Time (v)	Part Time (v)	Under Contract (v)	Reason for Leaving

V. WORK EXPERIENCE OTHER THAN TEACHING (List chronologically full time, part time and summer employment since high school. Attach additional sheets if necessary.)

Employer	City	State	Kind of Work	Dates of Employment	Reason for Leaving

Please explain any gaps in employment:

VI. EXTRA-CURRICULAR ACTIVITIES

Indicate below any membership(s) in college and/or job related clubs, organizations or activities:

List any extra-curricular activities you would be interested in coaching or supervising.

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

B. Applicants with work experience must provide references from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and co-operating teacher(s) in the placement file or by listing names below.

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

VIII. GENERAL INFORMATION

Date available for employment: _____ Yes No Are you presently under contract?

Required number of days for notification to employer? 60 days Other _____

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, attach written explanation.

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

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, attach written explanation.

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? _____

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.

Applications are kept on file for one (1) year.

Date _____ Signature of Applicant _____