

WOODSTOWN-PILESGROVE 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 _____

Woodstown-Pilesgrove Regional School District
Employee Physical Examination Form

NAME: _____ Address: _____

POSITION: _____ PHONE #: _____ EMAIL ADDRESS: _____

- As a condition for employment in the Woodstown-Pilesgrove Regional School District you must successfully pass an examination to determine that you are in good health and free of tuberculosis. In addition, **your physician must provide the results of your TB skin test or chest x-ray, as well as the date on which it was performed, and read.**
- I hereby give consent to have further information that is requested by the Woodstown-Pilesgrove Regional School District released by the physician who examined me.
- I certify that my responses above are complete and true to the best of my knowledge.

Signature of Employee: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

Date of Examination: _____ General Appearance: _____

Height: _____ Weight: _____ Allergies: _____

Temperature: _____ Pulse: _____ Respiration: _____ B/P: _____

TB Test: _____ Date Done: _____

_____ Date Read: _____ Result: _____ MM

If Positive, chest x-ray: _____ Date Done: _____ Result: _____ Date TB prophylaxis initiated: _____

SYSTEM	Yes	No	If Abnormal, Comments:
Skin			
Eyes			
Ears			
Nose			
Throat/Dental			
Cardiovascular			
Respiratory			
Gastro Intestinal			
Genito-Urinary			
Neurological			
Musculoskeletal			
Other			

Summary of Findings:

I hereby certify that I have examined the above applicant and that the above is a complete and accurate record of my examination.

I hereby state that this employee is in good physical and mental health which is required to perform the essential functions of the position for which he or she is applying.

Medical License Number: _____

Print Name of Examiner Signature of Examiner M.D./D.O.

Address Office Number Office Fax Number



Woodstown-Pilesgrove Regional School District

Employee Account Agreement

Name: _____

Position: _____ Location: _____

I have read the District Internet Safety (6142.10) policy regarding Acceptable Use. I agree to follow the rules contained in this policy. I understand that if I violate the rules, I may face disciplinary action.

I hereby release the District, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of, or inability to use, the District system, including, but not limited to, claims that may arise from the unauthorized use of the system to purchase products or service.

By signing of this agreement, I do not agree to any particular discipline as being appropriate in any particular circumstance. Per our negotiated agreement, I reserve the right to contest any disciplinary action through the grievance procedure.

I understand this agreement will become part of my personnel file.

Signature: _____ Date: _____

New Jersey New Hire Reporting Form

Federal and state legislation (N.J.S.A. 2A: 17-56.61) requires all New Jersey employers, both public and private, to report to the State of New Jersey all newly hired, contracted, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: www.nj-newhire.com

Send completed forms to:

New Jersey New Hire Directory
PO Box 4654 Trenton, NJ 08650-4901
Toll-free fax: 800-304-4901

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C
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1	2	3
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EMPLOYER INFORMATION

Federal Employer ID Number (FEIN): (Please enter the same FEIN used to report the employee's quarterly wages)

2	1	-	6	0	0	3	5	5
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Employer Name:

W	O	O	D	S	T	O	W	N	-	P	I	L	E	S	G	R	O	V	E				
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Employer Address:

1	3	5		E	A	S	T		A	V	E	N	U	E									
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Employer City:

W	O	O	D	S	T	O	W	N									
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State:

N	J
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Zip Code:

0	8	0	9	8
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Employer Phone (optional):

8	5	6	7	6	9	0	1	4	4
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Extension:

2	2	2	6	4
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Employer Fax (optional):

8	5	6	7	6	9	8	0	3	6
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Email Address:

H	A	L	L	.	L	@	W	O	O	D	S	T	O	W	N	.	O	R	G				
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EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

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Is this employee an Independent Contractor?

Yes

No

Employee First Name:

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Middle Initial

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Employee Last Name:

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Employee Address:

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Employee City:

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State:

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Zip Code:

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Date of Hire (MMDDYY):*

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Date of Birth (MMDDYY):

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*Date of Hire is defined as the date an employee first performed services for pay.

Reports must be submitted within 20 days of hire or rehire date. Failure to report could result in a fine.

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (609) 631-0330 or toll-free at (877) NJ-HIRES

**INFORMATION REQUEST FOR STAFF MEMBERS
NEW TO THE DISTRICT:
REQUIRED FOR THE ANNUAL NJSMART
SMID AND STAFF SUBMISSION REPORTS**

<u>INFORMATION NEEDED</u>	<u>RESPONSE (Please print.)</u>
EMPLOYEE'S NAME: (First, Last, and Suffix {Jr., Sr., II, etc.} if applicable)	
SOCIAL SECURITY NUMBER:	
DATE OF BIRTH:	
ETHNICITY – select from choices below: ➤ Hispanic or Latino ➤ American Indian or Alaska Native ➤ Asian ➤ Black or African American ➤ Native Hawaiian or Other Pacific Islander ➤ White	Circle the response on the left.
DISTRICT ENTRY CODE – select from choices below: From a teaching position: ➤ 03=in another NJ public school district ➤ 04=in a public school district outside of NJ ➤ 05=in a non-public school ➤ 06=in a college or university From an education support services position: ➤ 17=in another NJ public school district ➤ 18=in a public school district outside of NJ ➤ 19=in a non-public school, college, or university ➤ 20=in a college or university From a college or university program of study: ➤ 21=in a NJ public college or university ➤ 22=in a private NJ college or university ➤ 23=in a public or private college or university outside of NJ Other: ➤ 29=returning to a certified position from home duties ➤ 60=from a branch of the military services ➤ 70=from employment with another school district in a non-teaching occupation ➤ 72=from employment other than any listed above	Please enter the appropriate code below. Also, if you are entering the Woodstown-Pilesgrove Regional School District from either employment with or attendance at a public school, private school, college, or university, please provide the name of that educational facility.

---CONTINUED ON REVERSE SIDE---

THE FOLLOWING IS REQUIRED OF TEACHING STAFF MEMBERS ONLY.

<u>INFORMATION NEEDED</u>	<u>RESPONSE</u>																
WHAT LANGUAGE(S) OTHER THAN ENGLISH DO YOU SPEAK FLUENTLY?																	
NATIONAL BOARD AWARD: Are you a National Board Award recipient?	If yes, please provide the specific date on which you received it.																
TOTAL YEARS OF TEACHING EXPERIENCE PRIOR TO BEING HIRED FOR WOODSTOWN-PILESGROVE:	Count all prior years of teaching experience, regardless if within or outside of New Jersey.																
YEARS OF PRIOR TEACHING EXPERIENCE IN NEW JERSEY:																	
TEACHER PREPARATION PROGRAM: Please indicate where you earned your credential: <ul style="list-style-type: none"> ➤ A college or university in New Jersey ➤ An out-of-state college or university ➤ An out-of-state community college 	Circle the response on the left. If at an in-state college/university, list that name. If at an out-of-state college/university, list in which state.																
ALTERNATE ROUTE PROGRAM: If you earned your teaching credential by way of the alternate route, please circle below the location at which you participated in the 200-hour program. <ul style="list-style-type: none"> ➤ Out of state provider ➤ Monmouth University ➤ Ramapo College – Pequannock RTC ➤ Richard Stockton College – RTC (Stockton or Toms River) ➤ Rowan University – RTC (Blackwood, Gloucester City, or Glassboro) ➤ Rutgers Center for Effective School Practices – RTC (Hackensack, Paterson, Mercer, Somerset, Newark, or Camden LEAP) ➤ TFA – Seton Hall ➤ St. Peters College – RTC (Jersey City, Kearny, or Sayreville) ➤ Elizabeth Public Schools RTC ➤ Morris Union Jointure Commission – New Providence RTC ➤ TFA – Drew ➤ Kean University Alternate Route ➤ New Jersey City University – World Languages ➤ William Paterson/Kean – New Vistas ➤ TFA – Penn ➤ Montclair State – Traders to Teachers ➤ Essex County Vocational Technical Schools – RTC ➤ Montclair State – Essex County RTC ➤ RELAY GSE ➤ New Pathways: (circle one) <table border="0" style="margin-left: 20px; width: 100%;"> <tr> <td>Bergen</td> <td>Cumberland</td> <td>Morris</td> <td>Salem</td> </tr> <tr> <td>Brookdale CTE</td> <td>Hudson</td> <td>Ocean</td> <td>Sussex</td> </tr> <tr> <td>Burlington</td> <td>Mercer</td> <td>Passaic</td> <td>Union</td> </tr> <tr> <td>Camden</td> <td>Middlesex</td> <td>Raritan</td> <td></td> </tr> </table> 		Bergen	Cumberland	Morris	Salem	Brookdale CTE	Hudson	Ocean	Sussex	Burlington	Mercer	Passaic	Union	Camden	Middlesex	Raritan	
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Please return this completed form to Betty Crate in the Superintendent's Office as soon as possible. Thank you for your cooperation!