

Application for Employment

Eagleswood Board of Education
511 Route 9 Box 355
West Creek, NJ 08092
Tele: 609-597-3663 Fax: 609-978-0949

Date: _____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Last Name			First Name			Middle Name		
Address	Number	Street	City		State		Zip code	
Telephone Number(s)			Social Security Number			NJ Driver's license Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? **Yes No** (Circle One)

Have you ever filed an application with us before? **Yes No** If Yes, give date: _____

Are you currently employed? **Yes No.** May we contact your present employer? **Yes No**

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? **Yes No**
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: **Full Time Part Time Shift Work Temporary** (Circle One)

Are you currently on "lay-off" status and subject to recall? **Yes No** Can you travel if a job requires it? **Yes No**

Have you been convicted of a felony within the last 7 years? **Yes No** If Yes, please explain. _____
Conviction will not necessarily disqualify an applicant from employment.

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. **Yes No**

***If you have a resume, references, certification, and criminal history certificate, please attach and proceed to page 4.**

	Name & address of school	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any of your specialized training, apprenticeship, skills and extra-curricular activities or job related training received in the United States Military, or any additional information you feel may be helpful to us in considering your application : _____

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.

Employer	Dates Employed From – To	Work Performed
Address	Hourly Rate/Salary Starting-Final	
Telephone Number(s)		
Job Title	Supervisor	Work Performed
Reason for Leaving		

2.

Employer	Dates Employed From – To	Work Performed
Address	Hourly Rate/Salary Starting-Final	
Telephone Number(s)		
Job Title	Supervisor	Work Performed
Reason for Leaving		

3.

Employer	Dates Employed From – To	Work Performed
Address	Hourly Rate/Salary Starting-Final	
Telephone Number(s)		
Job Title	Supervisor	Work Performed
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

References:

1. _____
Name Phone #

Address

2. _____
Name Phone #

Address

3. _____
Name Phone #

Address

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Initial that you have received a job description. _____

Interview Date: _____