

Rumson Board of Education

60 Forrest Avenue

Rumson, NJ 07760

An Equal Opportunity Employer

Application for Employment

All applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Please complete both sides of the application.

Position applied for: _____ Date of Birth: _____

Social Security No. _____ (Note: Optional, Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

Full legal name _____ Home Phone () _____
Last First Middle

Address _____ Business Phone () _____

_____ E-mail Address _____
City State Zip

EDUCATION

High School

Table with 3 columns: Name and Location of Institution, Dates Attended. Includes rows for High School and Post High School.

POST HIGH SCHOOL

Table with 4 columns: Name and Location of Institution, Degree Received, Major or Specialty, Dates Attended.

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion _____

WORK EXPERIENCE — Starting with the most recent, describe ALL paid, military and applicable voluntary experience.

May we contact your present supervisor? [] Yes [] No

PREVIOUS EMPLOYERS

Form for Previous Employers: Name, Address and Phone; Job Title; Dates of Employment: From To; Reason For Leaving.

Form for Previous Employers: Name, Address and Phone; Job Title; Dates of Employment: From To; Reason For Leaving.

Name, Address and Phone
Job Title: _____ Dates of Employment: From _____ To: _____
Reason For Leaving: _____
Name, Address and Phone
Job Title: _____ Dates of Employment: From _____ To: _____
Reason For Leaving: _____
Name, Address and Phone
Job Title: _____ Dates of Employment: From _____ To: _____
Reason For Leaving: _____

License (to include driver's for Bus Driver's Only), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

PROFESSIONAL REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

1. Have you ever been convicted for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the Description of offense:
2. Have you ever been the subject of child abuse or sexual misconduct investigation by employer, law enforcement, or any state agency (unless the allegations were false or the incident was not substantiated)? Yes No
3. Have you ever been disciplined, discharged, non-renewed, asked to resign, etc. while allegations were pending/under investigation, or due to an adjudication/finding? Yes No
4. Have you ever had a license/certification suspended while allegations were pending/under investigation, or due to an adjudication/finding? Yes No

When will you be available to start work? _____

CERTIFICATION--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Rumson Board of Education. I understand that all information on this application is subject to verification and I consent to criminal history background checks, and medical and fitness for duty screening. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Board of Education to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ **Applicant Signature** _____