

Spring Lake Board of Education

411 Tuttle Avenue

Spring Lake, NJ 07762

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:

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 Last First Middle Home Phone ()

Address Business Phone ()

City State Zip E-mail Address

EDUCATION

High School table with columns: Name and Location of Institution, Dates Attended

POST HIGH SCHOOL table with 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 first previous employer: Name, Address and Phone; Job Title; Dates of Employment; Salary; Reason For Leaving

Form for second previous employer: Name, Address and Phone; Job Title; Dates of Employment; Salary; Reason For Leaving

Form for third previous employer: Name, Address and Phone; Job Title; Dates of Employment; Salary; Reason For Leaving

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

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 Spring Lake Board of Education. I understand that all information on this application is subject to verification and I consent to criminal history background checks. 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** _____