

VENTNOR SCHOOL DISTRICT  
400 NORTH LAFAYETTE AVENUE  
VENTNOR, NEW JERSEY 08406

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position Desired	Other positions you feel qualified for:
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PERSONAL DATA

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip

County \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone ( ) \_\_\_\_\_  
Area Code

Message Phone ( ) \_\_\_\_\_  
Area Code

Are you 18 years of age or over? Yes \_\_\_ No \_\_\_

Have you ever held a position with another School District? Yes \_\_\_ No \_\_\_

If Yes, List name(s) of School District: \_\_\_\_\_

Certifications: (List all) \_\_\_\_\_

Are you related to any school employee? Yes \_\_\_ No \_\_\_

If so, please provide name and relationship \_\_\_\_\_

Are you related to any Board member? Yes \_\_\_ No \_\_\_

If so, please provide name and relationship \_\_\_\_\_

Have you ever been convicted of a crime or disorderly persons offense other than a traffic violation? Yes \_\_\_ No \_\_\_

If yes, please explain. A conviction may not preclude an offer of employment.

\_\_\_\_\_

\_\_\_\_\_

I have not been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families, unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated. Yes \_\_\_ No \_\_\_

I have never been discipline, discharged, nonrenewed, asked to resign from employment, or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct. Yes \_\_\_ No \_\_\_

I have never had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct. Yes \_\_\_ No \_\_\_

### EDUCATION

	School Name & Location	Highest Grade Completed	Degree/Course of Study	Credits
High School				
College				
Graduate				
Other Special Training				

State any additional information you feel may be helpful to us in considering your application, such as languages, professional associations, occupational license, certificates, etc.

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United States Military Service: Veteran: Yes \_\_\_ No \_\_\_ Service Branch \_\_\_\_\_

State of New Jersey Certification(s), if applicable please attach to application \_\_\_\_\_

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### PREVIOUS EMPLOYMENT HISTORY

(Pursuant to Chapter 5, List all former employers within the last 20 years that were schools and/or had direct contact with children).

List most recent employer first. Use additional sheets if necessary.

May we make a reference check with all present and past employer(s)? Yes \_\_\_ No \_\_\_ Initials \_\_\_

Employer	Phone
Street Address    City/State    Zip Code	Street Address    City/State    Zip Code
Dates Employed (from/to)	Supervisor
Position Held	Position Held
Duties	Duties
Reason for Leaving	Salary

Employer	Phone		Employer	Phone	
Street Address	City/State	Zip Code	Street Address	City/State	Zip Code
Dates Employed (from/to)		Supervisor	Dates Employed (from/to)		Supervisor
Position Held			Position Held		
Duties			Duties		
Reason for Leaving		Salary	Reason for Leaving		Salary

Have you ever been dismissed from any of these positions? Yes \_\_\_ No \_\_\_

If a tentative offer of employment is made, are you willing to:

- a. receive a complete pre-hire health screening? Yes \_\_\_ No \_\_\_
- b. go through New Jersey State fingerprinting process? Yes \_\_\_ No \_\_\_

### REFERENCES

Please provide (3) references who are not related to you, have known you for at least (1) year and who are not previous employers.

Name	Street Address	City/State/Zip Code	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In case of emergency, please contact;

(Please Print)Name	Street Address	City/State/Zip Code	Phone Number
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We are an Equal Employment Opportunity Employer. All applications are considered for all positions without regard to race, color, religion, sex, National origin, age marital or veteran status, physical or mental disabilities, or other status as protected by Federal or State Law.

### APPLICANT'S STATEMENT

I certify that the 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. I understand that this application is not and does not intend to be a contract of employment.

*I understand that if my application is incomplete it may be rejected.*

I understand that submission of false information on this application or in an employment interview is grounds for withdrawal of job offer or termination of employment. I understand, also, that I am required to abide by all rules and regulations in compliance with laws in the State of New Jersey.

I hereby give authorization and consent to disclose the information requested under Chapter 5 subsection b. and the release of related records by the applicant's employers listed under Chapter 5 paragraph (1) that releases those employers from liability that may arise from the disclosure or release of records.

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Name of Applicant (please print) Date of Application

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Signature of Applicant

FOR OFFICE USE ONLY: Board Approved: _____		Clearance Letter: _____	
Type of Cert: _____	Cert. Expires: _____		
District Paperwork Originated: _____		TB Test: _____	
Database-Date: _____	Initials: _____	Payroll-Date: _____	Initials _____