

Califon Public School

6 School Street
Califon, NJ 07830
(908) 832-2828

EMPLOYMENT APPLICATION

NAME:
ADDRESS:
TELEPHONE #:

POSITION FOR WHICH YOU ARE APPLYING: _____

SCHOOLS ATTENDED:	DATES	DEGREE/DIPLOMA
HIGH SCHOOL:		
COLLEGE:		
OTHER SCHOOLS:		

EMPLOYMENT EXPERIENCE:

COMPANY NAME:	TYPE OF WORK:	DATES EMPLOYED	REASON FOR LEAVING

CONTINUED ON OTHER SIDE

REFERENCES: (These people/businesses will be contacted)

PROFESSIONAL (List employers/supervisors familiar with your abilities)

NAME/POSITION OF SUPERVISOR	ADDRESS (STREET, CITY, ZIP) and phone number	# OF YEARS HE/SHE HAS KNOWN YOU

PERSONAL (Please do NOT list relatives)

NAME	ADDRESS (STREET, CITY, ZIP) and phone number	# OF YEARS HE/SHE HAS KNOWN YOU

STATEMENT OF CANDIDATE REQUIRED - Please mention those qualities/accomplishments which will make you a valuable addition to our staff:

TEACHER APPLICANTS: DO YOU HOLD A VALID NEW JERSEY CERTIFICATION? _____
TYPE OF CERTIFICATION: _____

I UNDERSTAND THAT PAST EMPLOYERS AND THE REFERENCES LISTED WILL BE CONTACTED REGARDING MY EMPLOYMENT ABILITIES/SKILLS, ETC. AND HEREBY GRANT PERMISSION FOR SUCH INQUIRIES. FURTHER, ANY MISREPRESENTATION OF ANY FACT ON THIS APPLICATION WILL BE CAUSE FOR IMMEDIATE TERMINATION OF CONTRACT.

SIGNATURE: _____

DATE: _____