



**Please Return Application To:**

Administration Offices  
 318 Ward Avenue  
 Bordentown, New Jersey 08505  
 www.bordentown.k12.nj.us  
 (609) 298-0025 ext. 1181

## EMPLOYMENT APPLICATION

**PLEASE NOTE:** *The applicant should exercise the greatest care in preparing this application. Information contained herein becomes a legal part of the contract in case of appointment and must be accurate. Please do not omit any applicable item.*

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Last

Present Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Area Code \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Area Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Email \_\_\_\_\_

### POSITION DESIRED

(Check ALL that apply)

Check: Administrator \_\_\_\_\_ Teacher \_\_\_\_\_ Instructional Aide \_\_\_\_\_ Secretary \_\_\_\_\_ Custodian \_\_\_\_\_ Cafeteria Personnel \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Check: Regular Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (a.m.) \_\_\_\_\_ (p.m.) Substitute \_\_\_\_\_

Date Available for Employment \_\_\_\_\_

### CERTIFICATION

Certification	State	Date Issued	Expiration Date <small>(If Applicable)</small>	Date Recorded in Burlington County

**DO NOT WRITE IN SPACE BELOW**

Assignment:	Substitute:	<b>SUB CERTIFICATE:</b>
Application:	Application:	Application:
Certificate:	Certificate:	County Form:
Fingerprints w/MO:	Fingerprints w/MO:	Oath:
Physical:	Sub. Info. Sheet:	Original Transcript:
Drug Screen:	I-9 (w/2 ID's):	Money Order:
Health History:	W-4:	
Employee Input:	<b>NURSES ONLY:</b>	
I-9 (w/2 ID's):	R.N. License Exp. Date:	
W-4:		

Interview Date \_\_\_\_\_

Interview By \_\_\_\_\_

Comments \_\_\_\_\_

Board Approval \_\_\_\_\_ Initial Salary \_\_\_\_\_ Step on Guide \_\_\_\_\_

Employment Began \_\_\_\_\_ Date Left \_\_\_\_\_ Reason \_\_\_\_\_

(All Applicants, please complete)

### EDUCATIONAL BACKGROUND

(Start with High School and include All Post High School Programs and Special Courses.)

Dates Year to Year	Name and Location of Institution	Major	Minor	Date of Graduation	Degree

Total number of earned hours beyond last degree \_\_\_\_\_

List honors and special achievements: \_\_\_\_\_

(Certificated Applicants Only)

### EXPERIENCE

#### TEACHING AND ADMINISTRATIVE EXPERIENCE

Name & Address of School	Position	Full Time	Part Time	From		To		Reason for Leaving	Supervisor
				Month	Year	Month	Year		

(Certificated Applicants Only)

### STUDENT TEACHING RECORD

(If less than 3 years experience)

Name & Address of School	Grade or Subject	From		To		Name of Cooperating Teacher
		Month	Year	Month	Year	

(All Applicants, please complete)

### OTHER WORK EXPERIENCE

Name & Address of Employer	Position	Full Time	Part Time	From		To		Reason for Leaving	Supervisor
				Month	Year	Month	Year		

\_\_\_\_\_ # of days absent from work during the past year for reasons other than vacation. Comment (if desired): \_\_\_\_\_



**AUTHORIZATION AND ATTESTATION OF APPLICANT**  
**FOR EMERGENT SCHOOL EMPLOYMENT**

Please complete section A or section B:

- A) Please **print your name** if you **are not** currently employed by any board of education or educational facility under the supervision of the Department of Education or by any contractor providing service to such school or facility **OR** if you are so employed but have had a **break in such service longer than 180 days**.

I, \_\_\_\_\_ swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses; any crime of the first or second degree, any crime bearing upon or involving sexual offense, child molestation; an offense involving the manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force to or upon a person or property including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder; any crime of possessing weapons, a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring, enticing child into motor vehicle or isolated structure, causing or risking widespread injury or damage, criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

- B) Please **print your name** if you **are** currently employed by a board of education or educational facility under the supervision of the Department of Education or by any contractor providing service to such school or facility and if you have **not had a break in such service longer than 180 days**.

I, \_\_\_\_\_ swear/affirm that I have not been convicted of any crime of offense bearing upon or involving sexual offense, child molestation, endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder; or a simple assault involving the use of force which results in bodily injury; or in any other state or jurisdiction, a conviction if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in the law.

I have read and understand this statement. I am also aware that if I sign this statement and my criminal history record discloses any disqualifying crime or offense, I could be subject to prosecution.

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police, Bureau of Identification, for the purpose of obtaining criminal history record information as required by N.J.S.A. 18 A:6-7.1 et. seq., N.J.S.A. 18 A:39-17 et. seq., or N.J.S.A. 18 A:6-4.13 et. seq.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Notary Public

(      )

\_\_\_\_\_  
Applicant Telephone Number