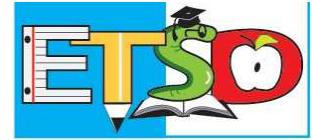


EVESHAM TOWNSHIP SCHOOL DISTRICT APPLICATION FOR PROFESSIONAL EMPLOYMENT



Applicant's Full Name _____
(Last) (First) (M.I.)

Other Name(s) _____

(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

Present Mailing Address _____
(Address) (City) (State) (Zip)

Permanent Mailing Address _____
(Address) (City) (State) (Zip)

Telephone Numbers
Present: () Permanent: () Work: ()

Email address _____ Cell phone _____

Social Security Number _____ New Jersey Pension Fund Number (TPAF) _____

MARK THE APPROPRIATE BOXES

- New Application
- Previous Application on File
- Former Employee of the Evesham Township Board of Education

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE QUALIFIED

- | | | |
|--|--|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Library/Media | <input type="checkbox"/> VP/Principal |
| <input type="checkbox"/> Elementary (K-5) | <input type="checkbox"/> Guidance | <input type="checkbox"/> Speech Specialist |
| <input type="checkbox"/> Middle (6-8) | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Teacher of the Handicapped | <input type="checkbox"/> Learning Disabilities Consultant (LDTC) | |
| <input type="checkbox"/> Elementary (K-5) | <input type="checkbox"/> Social Worker | |
| <input type="checkbox"/> Middle (6-8) | <input type="checkbox"/> Supervisor | |

Other (explain) _____

Are you legally eligible to work in the U.S.?
 Yes No

List grade level(s), subject area(s), professional position(s) in order of preference.

Do you wish to be considered for substitute work? ___ Yes ___ No

I. CERTIFICATION

A. Please indicate below all New Jersey certificates you have been issued and submit a photocopy of each.

Type of NJ Certificate: Administrative Standard Provisional Certificate of Eligibility with Advanced Standing
 Certificate of Eligibility (Alternate Route) Other (explain): _____

Have you applied for a New Jersey certificate that has not yet been issued? No Yes

If yes, please furnish your New Jersey Department of Education Tracking Number _____

Type of Certificate? _____

B. Have you been issued a certificate in another state? No Yes If so, **please submit a photocopy.**

C. Have you taken the National Teacher's Examination or Praxis? No Yes
(If so, please submit a copy of your scores.)

THE BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER.

II. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)

| Level of Education | Name of School or University | State | Field of Study | Credits Earned | Type of Degree | Did you Graduate? Y/N |
|--------------------|------------------------------|-------|----------------|----------------|----------------|-----------------------|
| High School | | | | | | |
| College/University | | | | | | |
| | | | | | | |
| Graduate School | | | | | | |
| | | | | | | |

III. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships. Omit if you have three years of full time teaching experience.)

| Name of School | School District/ City | State | Phone # | Cooperating Teacher | Grade Level and/or Subject | Was your student teaching experience successfully completed? Yes/No |
|----------------|--------------------------|-------|---------|---------------------|----------------------------|---|
| | | | | | | |
| | | | | | | |

IV. TEACHING AND ADMINISTRATIVE EXPERIENCE (List all professional experience chronologically with most recent first.)

DO NOT INCLUDE SUBSTITUTE TEACHING (Attached additional sheets if necessary)

| Name of School | School District City | State | Position Held Grades and/or Subjects Taught (Specify) | Dates Mo/Day/Yr From...To | Total Years | Full Time (√) | Part Time (√) | Under Contract (√) | Reason for Leaving |
|----------------|-------------------------|-------|---|---------------------------------|----------------|---------------------|---------------------|--------------------------|--------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

V. WORK EXPERIENCE OTHER THAN TEACHING (List chronologically full time, part time and summer employment since high school. Attach additional sheets if necessary.)

| Employer | City | State | Kind of Work | Dates of Employment | Reason for Leaving |
|----------|------|-------|--------------|---------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Please explain any gaps in employment:

VI. EXTRA-CURRICULAR ACTIVITIES

Indicate below any membership(s) in college and/or job related clubs, organizations or activities:

List any extra-curricular activities you would be interested in coaching or supervising.

VII. REFERENCES

It is **the applicant's responsibility** to have the following information provided to the school district in order to be considered for employment:

A. The names of at least five reference sources must be provided and must include current employer if employed, or last employer if not currently employed. Please indicate when we may contact your current employer.

- Anytime Only when a finalist for position

B. Applicants with work experience must provide references from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and co-operating teacher(s) in the placement file or by listing names below.

| Name of Reference | Position/Relationship | Mailing Address | Phone Number |
|-------------------|-----------------------|-----------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

VIII. GENERAL INFORMATION

Date available for employment: Immediate _____
M/D/Y

Yes No Are you presently under contract?

Required number of days for notification to employer? 60 days Other

If presently employed, why do you wish to change? _____

Yes No Have you received tenure? If yes, when? _____

Yes No Have you ever had a contract not renewed?

Yes No Have you ever been discharged or requested to resign from a position? If yes, please explain.

Yes No Have you ever had a professional certificate or license revoked or suspended? If yes, attach written explanation.

Yes No Have you ever been convicted of a violation of law other than a minor traffic violation? If yes, attach written explanation.

Yes No Are any criminal charges now pending against you? If yes, attach written explanation.

Yes No Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? If yes, attach written explanation.

Yes No Are you related to any board members or Evesham School District employee?
If yes, who? _____ Relationship? _____

Yes No Have you had military experience?

Yes No Do you have children attending our schools? If so, which school(s)? _____

Yes No Are you able with or without accommodation, to perform all essential functions of the position for which you are applying?

What is your present salary? _____

What is your expected salary? _____

I certify that the responses on this application and any accompanying pages are true. I understand that the Evesham Board of Education will rely on the information contained in this application. I understand that any material omission or false response will be sufficient grounds for failure to employ or for my discharge should I become employed with the Board of Education.

My signature below shall serve as authorization to the Evesham Board of Education to conduct a background investigation. My signature may further be relied upon as authorization to third parties to release information concerning me. These third parties may include: law enforcement authorities, child protection agencies, motor vehicle agencies, previous employers, educational institutions, personal references, professional references and other appropriate sources. Requested information may include: dates of service, wage history, performance evaluations, attendance records, letters and/or reasons for separation from service.

I understand that any offer of employment will be conditioned upon receipt of reports revealing satisfactory results from a criminal background check and a medical examination demonstrating the absence of any conditions that would prevent me performing the essential functions of the job.

Applications are kept on file for one (1) year. You must request in writing to keep your application active after one year.

Date _____

Signature of Applicant _____