



EVESHAM TOWNSHIP SCHOOL DISTRICT SUPPORT STAFF APPLICATION FOR 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 _____ Public Employees Retirement System # (PERS) _____

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.

Date _____ Signature of Applicant _____

MARK THE APPROPRIATE BOXES

- New Application
 - Previous Application on File
 - Former Employee of the Evesham Township Board of Education
- Are you legally eligible to work in the U.S.? Yes No
- Full Time Part Time 10 month position 12 month position

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE QUALIFIED

- | <u>PARAPROFESSIONAL</u> | <u>OFFICE</u> | <u>FACILITIES</u> | <u>TRANSPORTATION</u> | <u>SUPPORT</u> |
|--|---------------------------------------|---|-------------------------------------|--|
| <input type="checkbox"/> Classroom Aide | <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Custodian | <input type="checkbox"/> Bus Aide | <input type="checkbox"/> Computer Technician |
| <input type="checkbox"/> Health Aide | <input type="checkbox"/> Clerk Typist | <input type="checkbox"/> Grounds | <input type="checkbox"/> Bus Driver | <input type="checkbox"/> ECC Counselor |
| <input type="checkbox"/> Library Clerk | <input type="checkbox"/> Payroll | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Lunch Aide |
| <input type="checkbox"/> Teacher Assistant | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Warehouse/Delivery | | <input type="checkbox"/> TBA Full-Day Child Care |
| | <input type="checkbox"/> Secretarial | | | |
| <input type="checkbox"/> Other (explain) _____ | | | | |

Do you wish to be considered for substitute work for any of the above positions? _____ Yes _____ No

Personnel Use Only:
BS Test _____
Transcript _____
Credits _____

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I. EDUCATION AND JOB TRAINING (List chronologically.) Indicating “see resume” is unacceptable.

(PRIVATE) Level of Education	Name of School	State	Field of Study	Graduated (Yes or No)	Type of Diploma/Certificate

II. WORK EXPERIENCE (List chronologically and attach a sheet if necessary.) Indicating “see resume” is unacceptable.

Employer	Complete Address City, State	Zip	Phone # ()	Full Time (√)	Part Time (√)	Kind of Work	Dates of Employment Month and Year From.....To
1.							
Supervisor:		Salary:				Reason for Leaving:	
2.							
Supervisor:		Salary:				Reason for Leaving:	
3.							
Supervisor:		Salary:				Reason for Leaving:	

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III. GENERAL INFORMATION (Do not leave any blanks, if not applicable, indicate with N/A.)

- 1) Month, Day, and Year Available for employment _____
- 2) How much notice do you need to give your present employer to be released? _____
- 3) Are you able with or without accommodation, to perform all essential functions of the position for which you are applying? _____
- 4) If presently employed, why do you wish to change? _____

- 5) Present Salary: _____ Expected Salary: _____
- 6) Referral Source: Advertisement/Posting, Employee, Friend, Other (Explain) _____
- 7) Do you have any children attending our schools? No Yes If yes, which school(s)? _____
- 8) Have you ever been convicted of a crime other than a traffic violation?
 No Yes (If yes, explain on back.)
- 9) Have you ever been convicted in New Jersey or any other state or jurisdiction of an offense, crime or disorderly persons offense involving endangering the welfare of children or incompetents, arson, armed robbery, aggravated assault, kidnapping, murder, manslaughter or violations of the New Jersey Controlled Dangerous Substance Act?
 No Yes (If yes, explain on back.)
- 10) If not convicted for any of the above crimes, are any criminal charges or proceedings pending against you?
 No Yes (If yes, explain on back.)
- 11) Have you ever had a professional certificate or license revoked or suspended?
 No Yes (If yes, explain on back.)
- 12) Have you ever been discharged or requested to resign from a position?
 No Yes (If yes, explain on back.)
- 13) To avoid conflict of interest, list any local school board member or employee relative(s) in the school district and cite relationship.

NOTE: Paraprofessional applicants must submit a copy of all college transcripts showing course work.

<p>Bus Driver Applicants Only:</p> <p>Do you have a Commercial Driver's License (CDL)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Do you have a "P" endorsement? <input type="checkbox"/> No <input type="checkbox"/> Yes "S" endorsement? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>N.J. License #: _____ What type? A B C Expiration: _____ (circle one) M/D/Y</p> <p>Have you ever had your driver's license revoked or suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain on back.)</p>

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IV. REFERENCES

It is **the applicant's responsibility** to provide to the school district five reference sources which must include current employer if employed, or last employer if not currently employed in order to be considered for employment. **PLEASE INDICATE WHEN WE MAY CONTACT YOUR CURRENT EMPLOYER.**

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

IMPORTANT: ADDITIONAL REMARKS AND/OR EXPLANATIONS FROM SECTION III – GENERAL INFORMATION.

Applicants Signature

Print Name / Date

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

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