

# Application for Employment

**Eagleswood Board of Education**

**511 Route 9 Box 355**

**West Creek, NJ 08092**

**Tele: 609-597-3663 Fax: 609-978-0949**

Date: \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

|                              |  |        |            |  |      |                            |  |          |
|------------------------------|--|--------|------------|--|------|----------------------------|--|----------|
| Last Name                    |  |        | First Name |  |      | Middle Name                |  |          |
| Address                      |  | Number | Street     |  | City | State                      |  | Zip code |
| Telephone Numbers)           |  |        |            |  |      | NJ Driver's license Number |  |          |
| <b>POSITION APPLIED FOR:</b> |  |        |            |  |      |                            |  |          |

If you are under 18 years of age, can you provide required proof of your eligibility to work? **Yes No** (Circle One)

Have you ever filed an application with us before? **Yes No** If Yes, give date: \_\_\_\_\_

Are you currently employed? **Yes No.** May we contact your present employer? **Yes No**

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? **Yes No**  
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work: **Full Time Part Time Shift Work Temporary** (Circle One)

Are you currently on "lay-off" status and subject to recall? **Yes No** Can you travel if a job requires it? **Yes No**

Have you been convicted of a felony within the last 7 years? **Yes No** If Yes, please explain. \_\_\_\_\_  
Conviction will not necessarily disqualify an applicant from employment

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**Note to Applicants:** DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. **Yes No**

**\*If you have a resume, references, certification, and criminal history certificate, please attach and proceed to page 4.**

|                       | Name & Address of School | Course of Study | Years Completed | Diploma Degree |
|-----------------------|--------------------------|-----------------|-----------------|----------------|
| High School           |                          |                 |                 |                |
| Undergraduate College |                          |                 |                 |                |
| Graduate Professional |                          |                 |                 |                |
| Other (Specify)       |                          |                 |                 |                |

Indicate any foreign languages you can speak, read and/or write

|       | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK |        |      |      |
| READ  |        |      |      |
| WRITE |        |      |      |

Describe any of your specialized training, apprenticeship, skills and extra-curricular activities or job related training received in the United States Military, or any additional information you feel may be helpful to us in considering your application :

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List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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**Employment Experience:**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1.

|                     |                                      |                |
|---------------------|--------------------------------------|----------------|
| Employer            | Dates Employed From - To             | Work Performed |
| Address             | Hourly Rate.-Salary Starting - Final |                |
| Telephone Number(s) |                                      |                |
| Job Title           | Supervisor                           | Work Performed |
| Reason for Leaving  |                                      |                |

2.

|                     |                                   |                |
|---------------------|-----------------------------------|----------------|
| Employer            | Dates Employed From - To          | Work Performed |
| Address             | Hourly Rate/Salary Starting-Final |                |
| Telephone Number(s) |                                   |                |
| Job Title           | Supervisor                        | Work Performed |
| Reason for Leaving  |                                   |                |

3.

|                     |                                   |                |
|---------------------|-----------------------------------|----------------|
| Employer            | Dates Employed 34 From - To       | Work Performed |
| Address             | Hourly Rate/Salary Starting-Final |                |
| Telephone Number(s) |                                   |                |
| Job Title           | Supervisor                        | Work Performed |
| Reason for Leaving  |                                   | i              |

If you need additional space, please continue on a separate sheet of paper.

References:

1.

Name

Phone #

Address

2.

Name

Phone #

Address

3.

Name

Phone #

Address

I certify that 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. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

Initial that you have received a job description. \_\_\_\_\_

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