

515-517 West Fourth Street Plainfield, NJ 07060

(ror office osc only)
School Year
Name
Position
Years Allowed
Step
Annual Salary

(For Office Use Only)

## APPLICATION FOR EMPLOYMENT

# PERSONAL INFORMATION Name\_\_\_\_\_\_Soc. Sec. #\_\_\_\_\_ HOME ADDRESS CITY STREET STATE ZIPCODE HOME TELEPHONE ( \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ FOR WHICH POSITION ARE YOU APPLYING? INSTRUCTIONAL ASSISTANT \_\_\_\_\_ Custodian SECURITY SUBSTITUTE SCHOOL COUNSELOR/SOCIAL WORKER \_\_\_\_\_AFTERSCHOOL COUNSELOR / JUNIOR COUNSELOR (AFTERCARE – LIFT) \_\_\_\_\_CLERICAL (ADMINISTRATIVE SECRETARY) STATE THE EXACT TITLE OF ANY CERTIFICATE(S) OR LICENSES YOU HOLD AND THE DATE(S) ISSUED. IF YOU DO NOT HAVE A CERTIFICATE, HAVE YOU APPLIED FOR ONE?\_\_\_\_\_ WHEN?\_\_\_\_ Where? \_\_\_\_\_ ARE YOU PRESENTLY UNDER CONTRACT WITH ANOTHER COMPANY?\_\_\_\_\_\_ WHERE?\_\_\_\_\_ ARE YOU IN THIS COUNTRY ON A VISA, WHICH WOULD NOT PERMIT YOU TO WORK IN THE UNITED STATES?\_\_\_\_\_ HAVE YOU EVER BEEN CONVICTED OF A CRIME? (EXCLUDE MINOR TRAFFIC VIOLATIONS) IF YES, PLEASE EXPLAIN MILITARY SERVICE: BRANCH OF SERVICE: DATES

#### **EDUCATIONAL INFORMATION**

LIST THE NAMES (NOTE THE YEARS OF ATTENDANCE) OF ALL INSTITUTIONS, INCLUDING THE HIGH SCHOOL FROM WHICH YOU GRADUATED.

Institution	Major/Minor	Dates Attended From – To	DIPLOMA/ DEGREE GRANTED	YEAR GRANTED
GRADUATE SCHOOL	Number of Credits	NOTE:  AN OFFICIAL COPY OF YOUR TRANSCRIPT MUST BE SENT TO		
		THIS OFFICE IN SUPPORT OF YOUR APPLICATION.		

#### **PROFESSIONAL EXPERIENCE INFORMATION**

LIST PRESENT / LAST EMPLOYMENT AND ALL PRIOR EMPLOYMENTS WITHIN THE LAST 10 YEARS, WORKING BACKWARDS. ACCOUNT FOR ALL YEARS OF EDUCATIONAL EMPLOYMENT.

Position Held	Name of School or Company	Address	PHONE NUMBER	Name of Immediate Supervisor	DATES FROM - TO

#### **PROFESSIONAL REFERENCES (2)**

TITLE	Name	Address	PHONE NUMBER

### PERSONAL REFERENCES (2)

TITLE	Name	Address	PHONE NUMBER	# Years Known

REVISED 5/2013