

# Rumson Board of Education

60 Forrest Avenue

Rumson, NJ 07760

*An Equal Opportunity Employer*

## Application for Employment

All applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

**Please complete both sides of the application.**

Position applied for: \_\_\_\_\_

Social Security No. \_\_\_\_\_

*(Note: Optional, Failure to submit social security number on this form will not prohibit employment consideration.)*

*Social security number may be required on other forms prior to employment.)*

Full legal name \_\_\_\_\_  
Last First Middle

Home Phone ( )

Address \_\_\_\_\_

Business Phone ( )

City State Zip

E-mail Address \_\_\_\_\_

### EDUCATION

#### High School

Name and Location of Institution

Dates  
Attended

Name and Location of Institution

#### POST HIGH SCHOOL

Name and Location of Institution

Degree Received

Major or Specialty

Dates Attended

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion \_\_\_\_\_

**WORK EXPERIENCE** — Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience.

May we contact your present supervisor? ☐ Yes ☐ No

### PREVIOUS EMPLOYERS

Name, Address and Phone

Job Title: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Name, Address and Phone

Job Title: \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Name, Address and Phone
Job Title: _____ Dates of Employment: From _____ To: _____
Reason For Leaving: _____

Name, Address and Phone
Job Title: _____ Dates of Employment: From _____ To: _____
Reason For Leaving: _____

Name, Address and Phone
Job Title: _____ Dates of Employment: From _____ To: _____
Reason For Leaving: _____

License (to include driver's for Bus Driver's Only), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

**PROFESSIONAL REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

1. Have you ever been convicted for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No If YES, please provide the Description of offense: \_\_\_\_\_
2. Have you ever been the subject of child abuse or sexual misconduct investigation by employer, law enforcement, or any state agency (unless the allegations were false or the incident was not substantiated)? ☐ Yes ☐ No
3. Have you ever been disciplined, discharged, non-renewed, asked to resign, etc. while allegations were pending/under investigation, or due to an adjudication/finding? ☐ Yes ☐ No
4. Have you ever had a license/certification suspended while allegations were pending/under investigation, or due to an adjudication/finding? ☐ Yes ☐ No

When will you be available to start work? \_\_\_\_\_

**CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Rumson Board of Education. I understand that all information on this application is subject to verification and I consent to criminal history background checks, and medical and fitness for duty screening. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Board of Education to rely upon and use, as it sees fit, any information received from such contacts.

**Date** \_\_\_\_\_ **Applicant Signature** \_\_\_\_\_