

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 \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

\_\_\_\_\_

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

City State Zip

EDUCATION

High School

Dates

Name and Location of Institution

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: \_\_\_\_\_

Salary : \_\_\_\_\_

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

Name, Address and Phone \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_

To: \_\_\_\_\_

Salary : \_\_\_\_\_

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

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

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:

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** \_\_\_\_\_