

## Oradell Public School District

Our children, our hope, our future

## APPLICATION FOR PROFESSIONAL CERTIFIED EMPLOYMENT

The information requested on this form is in compliance with all existing New Jersey and federal statutes pertaining to discrimination. Please fill out this application completely and supply the requested information in either printed or typewritten form. Failure to respond to ALL items may result in your elimination for consideration for employment.

			I. POSI	TION DESIR	RED			
1.	Applying for posit	ion of:						
			II. PER	SONAL DA	TA			
2.	Name in full:					State Tracking #:		
					•			
3.	Home address:	STREET		CITY		STATE	ZIP CODE	
						SIAIL	ZII CODE	
	Phone:			<del></del>				
4.	How many days h	ave you lost fr	om college or work	during the pa	st three year	S		
5.	Have you ever be	en convicted o	f a crime? Yes	No	_ If Yes, give	date(s) and kind(s	) of conviction:	
6.	Foreign language	s spoken fluent	ly:					
7.	Military experience in US Armed Forces: Branch:							
	Total active service	e: Years:	Month	s:	Rank atta	ined:		
	Type of work:							
			III. PROFE	SIONAL CEF	RTIFICATIO	)N		

Please attach printout from Department of Education website

## IV. EDUCATION AND TRAINING

8. List the schools, colleges, and universities you have attended. Please arrange for transmittal of transcripts for all college work completed.

COLLEGE OR UNIVERSITY ATTENDED	LOCATION	DATES AT From	TENDED To	COURSE OF STUDY	TOTAL CREDITS		GRAM PLETED
College or University	City and State	DATES AT From	TENDED To	Major and Number of Credits	Minor and Number of credits	Total Credits	Degree and date graduated
College of Offiversity	City and State	FIOIII	10	Credits	credits	Credits	graduated

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g	9. Unde	r what name wa	s your bachelor	's degree a	awarded?			
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DA	TES			ТҮР	E OF POSITIO	N OR GRADE OR	IMMEDIAT	E REASON FOR
om	То	NAME AND LOC	CATION OF SCHOOL	OL	SUBJECT	TAUGHT	SUPERVISO	R LEAVING
			a. Student T	eaching or Ir	nternship			
		b. Regular F	Full-Time Paid Teacl	ning or Othe	r Professional	Employment		
		c Part-Time Col	lege: Adult School,	Summer Sch	ool Fellowshi	n Substitute etc		
		c. rait fillic coi	iege. Addit School,	Janimer Jer	iooi, i ciiowsiii	o, Jubstitute, etc.		
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		an employment		are preier	rea. Killuly	asterisk arry refer	crice you do no	want contacted
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FULL NAME OF REFERENCE POSITION				PRESENT COMPLETE ADDRESS			IN WHAT CAPACITY DOE HE/SHE KNOW YOU	
<u> </u>	I OLL IV	TIVIL OF NEFEREING	L PUSI	IION	PNES	LINI COIVIFLETE AD	DIVEGO	TIL/ SHE KINOW TOU
3. `								
b.								
C								
d.								

Major and

Number of

Credits

DATES ATTENDED

From

City and State

**Graduate Schools** 

Minor and

Number of

credits

Total

Credits

Degree and

date graduated

13. Indicate name and address of a	igency where you have emp	loyment credential	s on file:	
AGENCY OR PLACEMENT OFFICE	STREET	CITY	STATE	ZIP CODE
	VII. MISCELLA	NEOUS		
14. List community activities in wh	ich you have taken an active	e part:		
15. What college or university disti	nctions have been awarded	you?		
16. In what professional organizati	ons do you hold active mem	nbership?		
17. Identify some of the factors in a line in education.	your life which have been m	nost significant in de	eveloping your int	erest in a care
18. What do you believe to be you	r strongest asset?			
19. If you are employed, why are y	ou seeking a change?			
20. Describe your level of technolo	gy usage and how you have	/would integrate te	echnology into ins	truction.

## **VIII. AFFIRMATION AND SIGNATURE**

recorded in this application form are true and accurate	osition in the Oradell Public School and assert that the data to the best of my knowledge.						
Signature of Applicant:	Date:						
WE ARE AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER – M/F							