

APPLICATION FOR EMPLOYMENT

Atlantic County Special Services School District

(PLEASE PRINT/TYPE PLAINLY – COMPLETE APPLICATION IN ITS ENTIRETY)

To Applicant: We appreciate your interest in our organization and assure you that we are interested in your qualifications. In order to obtain detailed information from former employers, all applicants are required to sign a release of information form. Anyone offered employment will be required to be fingerprinted, undergo a criminal background check and undergo a medical examination, including drug screening if applicable to the position. If you need assistance in completing the application contact Personnel:

Phone 609-625-5590 or Fax: 609-625-8124

Position(s) Applied For	Full Time <input type="checkbox"/> Substitute <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/>	Date of Application
Have you previously applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: Month/Year: _____ Position: _____		Have you ever been employed with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>
When will you be available to work?	Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you prevented from lawfully becoming employed in the country because of VISA or immigration status? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Proof of citizenship or immigration status will be required upon employment.</i>		
Have you been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach a signed statement		
Can you perform the essential functions of the position(s) sought? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>		

PERSONAL

Last Name	First Name	Middle Name	
Address	City	State	Zip
Home Telephone () () ()	Cell Phone () () ()	Business Phone () () ()	Social Security / /

EDUCATION

School	Name and Address Of School	Course of Study	Years Completed	Did you graduate	Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Undergraduate College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/ Professional				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many college credits do you hold?	_____ <i>Official Transcripts will be required upon employment.</i>				

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

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Address	From	To	
Telephone Number			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Comments: Include explanation of any gaps in employment.

Military Record

Have you served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service: _____
Period of Active Duty (Mo./Yr.) From: _____ To: _____	Date of Final Discharge: _____

CERTIFICATION-PROFESSIONAL POSITION

Each applicant for a professional position requiring NJ State Dept. of Education Certificate, i.e. Teaching, Substitute Teacher, Social Worker, must hold a valid certificate and provide a copy of same.

Type of New Jersey Certificate held: _____
Date Issued: _____ Date Expired: _____
Certificate other than New Jersey: _____

BUS DRIVER

Bus Driver's Position, please complete the following:

NJ Valid License Number: _____
CDL Class: _____ Endorsement(s): _____ Exp: _____
Have you had any violations in the past 3 years? Yes No
If yes, explain _____

CERTIFICATE/LICENSES

Other certificates/licenses held: _____

PLEASE READ CAREFULLY AND SIGN BELOW, WHERE INDICATED

CRIMINAL HISTORY BACKGROUND CHECK

I hereby certify, under penalties of perjury, that I have not been convicted nor do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offense or child molestation; an offense involving the possession, manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but no limited to, robbery, aggravated assault, stalking, kidnapping, arson manslaughter and murder, any crime of possessing weapons; a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring or enticing child into motor vehicle or isolated structure; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

I further understand that if hired I will be required to submit my fingerprints to the NJ Department of Education for a criminal history background check as required by Law, and that my continued employment will be subject to approval by the Department of Education based upon the results of the criminal history background check.

Date

Signature of Applicant

APPLICANT QUESTIONNAIRE

How are you familiar with Atlantic County Special Services School District?

Are you related to any Board Member or Administrator in this school district? Yes No

If yes, please provide the name of Board Member or Administrator and state your relationship.

Do you have any relatives employed by the school district? Yes No

If yes, please state relationship. _____

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our school district?

APPLICATIONS WILL BE KEPT ACTIVE FOR 90 DAYS

SEE REVERSE

ATLANTIC COUNTY SPECIAL SERVICES SCHOOL DISTRICT

APPLICANT'S STATEMENT

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application or in interview(s) shall be considered cause for dismissal. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

APPLICANT'S RELEASE AND WAIVER

AUTHORIZATION

For Release and Waiver of Personal Data Record Information

To Whom It May Concern:

I, _____ have applied for a position of employment with Atlantic County Special Services School District. In support of my application, I have supplied the school district with information about my personal, educational and employment history. If you are contacted by a representative of Atlantic County Special Services School District and are requested to provide information about me, you are hereby authorized to do so. I hereby agree to hold you harmless from any and all claims, and I hereby waive any such claims that might otherwise arise as a result of your providing information about me. A facsimile copy of this release and waiver shall have the same legal force and effect as the signed original.

Print Name

Signature

Date

Social Security Number

My e-mail address is: _____

The Atlantic County Special Services School District is an Equal Opportunity Employer in accordance with Chapter 127, P.L., 1975.
Rev. 10/07

PLEASE RETURN APPLICATION TO:

**Personnel Department
Atlantic County Special Services School District
4805 Nawakwa Blvd.
Mays Landing, New Jersey 08330**

**Phone: (609) 625-5590
Fax: (609)-625-8124**

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, ancestry, affectional or sexual orientation, domestic partnership or familial status, marital or veteran status, liability for service in the US Armed Forces, atypical hereditary cellular or blood trait, medical condition or disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

NAME: _____
(Please Print)

AFFIRMATIVE ACTION SURVEY

Check One: _____ Male _____ Female Age _____

Check one of the following:

Race/Ethnic Group: _____ White _____ Black

_____ Hispanic _____ American Indian/
Alaskan Native

_____ Asian/ _____ Other
Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual

DO NOT WRITE BELOW THIS LINE

FOR PERSONNEL USE ONLY

Position(s) Applied for is open: _____ YES _____ NO

Position(s) Considered for: _____

