



350 E. Clinton Street
Clayton, NJ 08312
Phone: 856-881-8700 or Fax: 856-863-8196

EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position: _____

Please list your teaching certification(s), if applicable: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have a CDL License in good standing? (If applicable) YES NO List special endorsements: _____

Have you ever been fingerprinted for public school employment? YES NO If yes, date & position: _____

Education (If you are attaching your resume, you may skip this section)

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References (If you are attaching your references on a separate sheet, you may skip this section)

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____
Email: _____ Phone: _____
Full Name: _____ Relationship: _____
Email: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____
Email: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. Further, my signature below indicates permission for the Clayton Board of Education to run motor vehicle reports. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Additionally, I understand that passing a drug and alcohol test is required for this position.

Signature: _____ Date: _____