

**South Amboy School District
South Amboy, New Jersey 08879
(732) 525-2100**

**EMPLOYMENT APPLICATION
EQUAL OPPORTUNITY EMPLOYER**

*Note: Completed applications are to be returned to the
Superintendent's Office, 240 John Street, South Amboy, NJ 08879*

Please type or print the following information:

DATE: _____

NAME: (Mr. Mrs. Miss Ms.) _____

ADDRESS: _____

PHONE: _____ SOCIAL SECURITY # _____

POSITION DESIRED: _____

A. CERTIFICATION INFORMATION – CERTIFICATE(S) HELD (IF APPLICABLE)

B. EDUCATIONAL BACKGROUND

NAME OF SCHOOL/LOCATION	YEARS ATTENDED	DEGREE(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. PRESENT/FORMER EMPLOYER(S) MAY WE CONTACT THEM?* _____

EMPLOYER'S NAME/ADDRESS	EMPLOYMENT DATES
_____	_____
_____	_____
_____	_____

***If no, please explain** _____

D. PROFESSIONAL/PERSONAL REFERENCES

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. ADDITIONAL INFORMATION

1. Do you have any mental or physical conditions that would prevent you from performing the duties of the position for which you are applying? If yes, please explain _____

2. Have you ever been asked to resign from a position, denied tenure, or terminated from a position? If yes, please explain _____

3. Please list specific computer software packages with which you are proficient _____

4. Are you fluent in languages other than English? Please list them _____

5. Are you under contract at present? _____
6. When would you be available? _____
7. Please list any additional information that would be pertinent to this application _____

To the best of my knowledge and belief, the information contained herein is accurate and correct. I acknowledge that any omissions or false statements are sufficient grounds for dismissal or refusal to hire.

Applicant's Signature _____ Date _____