

PINE HILL PUBLIC SCHOOLS
Central Administration
1003 Turnerville Road
Pine Hill, NJ 08021

APPLICATION FOR EMPLOYMENT

Please Circle One: Custodians, Security, Lunch Aides, Secretarial, Part-time Instructional Assistants,
or other _____.

PLEASE PRINT

Date: _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Telephone: () _____ Soc. Sec. No. _____

If employed and you are under 18, can you furnish a work permit? Yes or No

Have you filed an application here before? Yes or No - If yes, give date _____

Have you ever been employed here before? Yes or No - If yes, give date _____

Are you employed now? Yes or No

May we contact your present employer? Yes or No

Are you prevented from lawfully becoming employed in this country because of Visa or
Immigration Status? Yes or No

On what date would you be available for work? _____

Are you available to work: **(Circle)** Full Time Part-time Temporary

Have you ever been convicted of any crime or disorderly persons offense
involving a sexual offense or child molestation? Yes Or No

If yes, please explain

*Effective October 1986 All Public School Employees must comply with the State
of New Jersey's Criminal History Review Process before beginning employment.
Current cost for this is \$70.25, plus a separate money order for \$7.00*

Pine Hill Board of Education is an Equal Opportunity Employer

EDUCATION

	Elementary	High School	College	Graduate
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree Major				

Describe any specialized training:

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Employer ()	Telephone		Dates Employed		Work Performed
			From	To	
Address					
Job Title	Hourly		Rate		
			Starting	Final	
Supervisor					
Reason for Leaving					

Employer ()	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly	Rate		
	Starting	Final		
Supervisor				
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Employer ()	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly	Rate		
	Starting	Final		
Supervisor				
Reason for Leaving				

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may be cause for discharge.

I understand that according to law, I must undergo the Criminal History Review Process in order to work in the school.

Signature of Applicant

Date

This section is to be completed by Administrator Recommending Approval

Interview held with administrator on (date)_____.

(Name of Administrator) _____ is recommending this

applicant for hire as (position)_____

effective (tentative date*) _____.

**date pending board approval and superintendent approval.*

Recommended for Assignment: _____

Administrator:

Should you wish to hire this person, you should forward this form to the Superintendent for Board Approval and completion of the Criminal History Process.

Date

Signature of Principal/Administrator