



## EMPLOYMENT APPLICATION

Please Print or Type.

GENERAL INFORMATION					
First Name:		Last Name:		Maiden Name:	
Address:				City:	
State:		Zip Code:		Social Security #:	
Email:			Home Phone:		Cell Phone:

EDUCATION INFORMATION					
	School Name	Date Attended	Degree	Major	Minor (If Applicable)
High School					
College					
Post-Graduate					

CERTIFICATIONS	
NJ Teaching Certificates Held	
County Certificates Held	

NJ law requires applicants to list all former employers that were schools; and employers where the applicant was employed in a position that involved direct contact with children.

Additionally, NJ law requires us to contact all of those employers listed below and request the following information:

1. The dates of employment of the applicant;
2. A statement as to whether the applicant was:
  - (a) the subject of any child abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency, or Division of Child Protection and Permanency unless the investigation resulted in a finding that the allegations were false or the incident of child abuse was not substantiated.
  - (b) was disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct; or
  - (c) has ever had a license, professional license or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct.



**Montville Township  
Public Schools™**  
*EDUCATE. INSPIRE. EMPOWER.*

**EDUCATION EXPERIENCE** – Full-time teacher or substitute teaching.

Dates of Service	Public/Private	School Name	City, State	Salary

**OTHER WORK EXPERIENCE**

Dates Of Service	Firm/Institution – Name, City, State	Nature Of Work

**PREFERENCES**

**DAYS AVAILABLE**

K – 5	6 – 8	9 – 12	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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**School/Grade Of Relatives Attending Montville Township Public Schools**

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**Name Of Relatives Employed By Montville Township Public Schools**

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Signature

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Date