

WILDWOOD PUBLIC SCHOOLS



Application for Employment

Job applicants are considered for all positions without regard to race, creed, color, national origin, sex, affectional or sexual orientation, age, religion, marital, or veterans status, or disability. The State will not tolerate any form of discrimination or sexual harassment.

The **Americans with Disabilities Act of 1990** prohibits employers from discriminating against any qualified person on the basis of a disability. The Wildwood Public School District ("District") makes reasonable accommodations during all aspects of the employment process, such as testing and interviews. The District also makes reasonable accommodations in the work environment to enable a person with a disability to perform the essential job functions and to participate equally with co-workers without disabilities. However, the District can only make reasonable accommodations when it is aware of a disability. **It is up to you to inform the prospective employer if you need a reasonable accommodation.** The employer may ask you for documentation to support your request for a reasonable accommodation. If you need a reasonable accommodation before the interview process begins, please inform the office for which you are applying.

The Wildwood Public School District is an Equal Opportunity Employer.

APPLICANT – DO NOT COMPLETE THIS SECTION	
NAME	POSITION
<input type="checkbox"/> Wildwood High School <input type="checkbox"/> Wildwood Middle School <input type="checkbox"/> Glenwood Avenue Elementary <input type="checkbox"/> District Wide	

Please PRINT or TYPE answers. Feel free to add any information which will help the District place you. Please be aware that any misrepresentation may be cause for removal.

1. NAME (Last, First, MI)	2. Home Phone #	3. Alternate Phone #
4. ADDRESS	4b. If entry in 4a is your mailing address only, please enter your physical address here.	

5. POSITION APPLYING FOR (or type of work you are interested in)

PROOF OF AGE, EDUCATION, MILITARY STATUS AND CITIZENSHIP MAY BE REQUIRED

6. Indicate preferred work schedule: Full Time Employment Substitute

7. Are you 18 years old or older? Yes No Date of Birth:

8. Are you a US Citizen? Yes No If no, are you authorized to work in the US? Yes No

9. Do you possess a valid New Jersey driver's license? Yes No

10. Are you a Veteran? Yes No

If yes, have you established Veterans Preference with the NJ Department of Personnel after April 1, 1980? Yes No

11. Are you now or have you ever been a member of any Public Employee's Retirement System? Yes No

If yes, please indicate system name and membership number in block #14.

12. Have you ever worked under another name? Yes No If yes, please list name:

13. Have you ever been convicted of a crime? Yes No

If yes, provide explanation in block #14.

14. EXPLANATIONS (Attach additional sheets if necessary)

15. EDUCATIONAL/SKILL HISTORY: Please list all vocational, technical, correspondence schools, colleges or universities you have attended. Please note that should employment be offered, you should be prepared to provide documentation of school attended. Attach additional sheets if necessary.

Circle the number indicating the highest grade you have completed:

HIGH SCHOOL ➡ 9 10 11 12 COLLEGE ➡ 1 2 3 4 GRADUATE ➡ 1 2 3 4 5 6

Name & Address of School	Did you graduate?	Credit Hrs Earned	Major Subject	# of Credits in Major	Degree Received
HIGH SCHOOL (last attended)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
COLLEGE OR UNIVERSITY	<input type="checkbox"/> Yes <input type="checkbox"/> No				
GRADUATE SCHOOL	<input type="checkbox"/> Yes <input type="checkbox"/> No				
OTHER FORMAL TRAINING (include Military)	<input type="checkbox"/> Yes <input type="checkbox"/> No				

16. FOREIGN LANGUAGE ABILITIES (Answer is optional)

If there are any foreign languages, including sign language, in which you are proficient enough to communicate in and are willing to use on the job (now or in the future), please list them here.

17. CLERICAL SKILLS

Office machines operated, computer systems/software used, and/or other special skills

18. List all employment starting with present or last employment. Include military experience.

PLEASE PRINT OR TYPE. USE ADDITIONAL SHEETS IF NECESSARY

FROM Mo. _____ Yr. _____	TO Mo. _____ Yr. _____	POSITION TITLE # of staff supervised, if any	SUPERVISOR'S NAME Phone No.	SALARY OR WAGE Start _____ End _____
--------------------------------	------------------------------	---	------------------------------------	--

EMPLOYER'S NAME & COMPLETE ADDRESS	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (# of hours per week _____)
	REASON FOR LEAVING

DESCRIPTION OF DUTIES

FROM Mo. _____ Yr. _____	TO Mo. _____ Yr. _____	POSITION TITLE # of staff supervised, if any	SUPERVISOR'S NAME Phone No.	SALARY OR WAGE Start _____ End _____
--------------------------------	------------------------------	---	------------------------------------	--

EMPLOYER'S NAME & COMPLETE ADDRESS	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (# of hours per week _____)
	REASON FOR LEAVING

DESCRIPTION OF DUTIES

FROM Mo. _____ Yr. _____	TO Mo. _____ Yr. _____	POSITION TITLE # of staff supervised, if any	SUPERVISOR'S NAME Phone No.	SALARY OR WAGE Start _____ End _____
--------------------------------	------------------------------	---	------------------------------------	--

EMPLOYER'S NAME & COMPLETE ADDRESS	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (# of hours per week _____)
	REASON FOR LEAVING

DESCRIPTION OF DUTIES

May we contact employers/supervisors listed? Yes No (Indicate exceptions)

Use this space to describe any **internships, licenses, certifications or registrations** related to the position for which you are applying. Give name of State in which license, certification or registration is held or dates and location of internship. If specific license or certification is required for your position, you will be required to present the appropriate credential(s) prior to employment and you will be responsible to renew the credential(s) and advise the personnel office if the credential(s) expire or is revoked.

GENERAL INFORMATION (Please print or type. Use additional sheets if necessary)

19. Please add any additional information you would like the District to consider. Include such items as: honors, hobbies, publications, volunteer work, membership in professional or scientific roles.

20. List three people unrelated to you whom we may contact for information concerning your qualifications.

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Phone # _____	Phone # _____	Phone # _____
Occupation _____	Occupation _____	Occupation _____

Please indicate a telephone number where and at what time you may be contacted:

I AUTHORIZE my former employers to release any information they may have concerning my employment records and I release the Wildwood Public School District and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of this agency to verify any and all information contained in this application, including education, and to review any and all criminal history, military and disciplinary records of any source.

I CERTIFY that the information on this application is complete and accurate, to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if employed.

Signature: _____ Date: _____

THIS SECTION FOR PERSONNEL OFFICE USE ONLY