

APPLICATION FOR EMPLOYMENT
Lyndhurst Board of Education
420 FERN AVENUE
LYNDHURST, NEW JERSEY
201-438-5683

PLEASE FILL IN THIS APPLICATION YOURSELF, IN INK, GIVING COMPLETE ANSWERS TO THE QUESTIONS WHICH APPLY TO YOU.

Name _____ Date: _____
Address _____ Social Security Number _____ - _____ - _____
City _____ State _____ Zip _____ How Long have you lived at current address?
Phone Number _____ Cell _____ Yrs. _____ Mos. _____
Position Applied for (or desired) _____ Date available to start: _____

Do you wish to work ☐ Full Time ☐ Part Time? If part time, hours or days: _____. Have you ever held a position or done this kind of work before? ☐ Yes ☐ No (If "No", use the Employment Experience section below to show your experience at the work you like best).

PLEASE USE SPACE BELOW to provide a summary of your past employment and your education/training as these relate to "position applied for". Space for complete details inside.

Employment Experience

Date last worked at this job _____

☐ Hourly
☐ Weekly
☐ Monthly

Salary: Most recent at this job: \$ _____

Important job functions _____

Most recent employer for this work _____

Length of experience (all employers): ____ Yr. ____ Mo.

Special skills or

Machines operated:	Proficiency:
_____	_____
_____	_____
_____	_____

Specialty area (what you do best) _____

What do you like most about this kind of job? _____

What do you like least? _____

Education or Training Experience

Highest grade or degree in school: _____

_____ Date graduated ☐ Within last 5 yrs.

Grade or degree: _____ or last attended: ☐ Over 5 yrs. ago

Major Course work: _____

School _____

SPECIAL TRAINING (ON THE JOB OR IN SCHOOL):

Description: _____

Organization where training received: _____

☐ Within last 5 yrs. ☐ Over 5 yrs. ago

Description: _____

Organization where training received: _____

☐ Within last 5 yrs. ☐ Over 5 yrs. ago

Description: _____

Organization where training received: _____

☐ Within last 5 yrs. ☐ Over 5 yrs. ago

Description: _____

Do you plan to continue your education? ☐ Yes ☐ No

Do you look for on-the-job training? ☐ Yes ☐ No

Explain: _____

Other work I have done and/or would like to do: _____
Job title or job description while doing this work: _____

Date last worked at this: _____

Record of Employment

PRESENT (OR MOST RECENT) EMPLOYER May we contact your present employer about this application? _____

Company _____		Type of Business _____
Address _____		Phone _____
WHEN YOUR STARTED	CURRENTLY OR WHEN YOU LEFT	Name of last Supervisor
Date _____	Date _____	_____
Salary _____	Salary _____	Title _____
Description of Job: _____	Description of job: _____	Reason for leaving: _____
_____	_____	_____
_____	_____	_____

PREVIOUS EMPLOYER _____

Company _____		Type of Business _____
Address _____		Phone _____
WHEN YOUR STARTED	CURRENTLY OR WHEN YOU LEFT	Name of last Supervisor
Date _____	Date _____	_____
Salary _____	Salary _____	Title _____
Description of Job: _____	Description of job: _____	Reason for leaving: _____
_____	_____	_____
_____	_____	_____

PREVIOUS EMPLOYER _____

Company _____		Type of Business _____
Address _____		Phone _____
WHEN YOUR STARTED	CURRENTLY OR WHEN YOU LEFT	Name of last Supervisor
Date _____	Date _____	_____
Salary _____	Salary _____	Title _____
Description of Job: _____	Description of job: _____	Reason for leaving: _____
_____	_____	_____
_____	_____	_____

Record of Education

School	Within last 5 yrs?.		Name of School	City	Major Course or Subject	Did you Graduate? Degree?
	Yes	No				
Grammar School						
High School						
College or University						
Other or special Training						
Business College						
Correspondence School						
Night School						

TO THE APPLICANT:

Please answer those questions checked below. The check-mark indicates that the information requested is a bona-fide occupational requirement,; a health, safety or security requirement; or otherwise legally permissible. If the box is not checked, you need not answer that question (but may answer, if you choose).

- ☐ **EMPLOYMENT** Are you legally eligible for employment in the United States? _____
- ☐ **HEALTH** Do you have any physical limitations or health conditions (including allergies) which might affect your ability to perform the job applied for? _____ If yes please explain _____
- ☐ **MILITARY SERVICE** Branch Served Active duty from to _____
Discharge date _____ Discharge rank/grade _____ Reserve Obligations _____
Nature of military duties _____
- ☐ **DRIVER'S LICENSE** Do you currently hold a valid driver's license? _____ State _____
Expiration date _____ License# _____ Restrictions _____
- ☐ **BONDING** Have you ever been bonded? _____ When? _____ For what position? _____
Has bond ever been refused? _____ If yes,, please explain _____

References (NOT EMPLOYERS OR RELATIVES-AT LEAST THREE)

Name and Address	Occupation	Phone

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name _____ Relationship _____ Phone _____
Address _____ City/State/Zip _____

Please Read Carefully:

I, _____ hereby certify, under penalty of perjury, that I have not been convicted in New Jersey or any other state or jurisdiction of any crime or disorderly persons offense involving sexual offenses, child molestation or endangering the welfare of children or incompetents.

I further understand that I am being provisionally and will be required to submit my fingerprints to the New Jersey Department of Education for a criminal history check as required by **P.L. 1986, c.116**, and that my continued employment will be subject to approval by the Department of Education based upon the results of the criminal history background check.

I further certify that the answers given and statements made are true and correct. I hereby authorize all my previous employers, or references, to furnish any information concerning my personal character, habits or employment records.

I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information.

Notarized _____

Signature of Applicant

Date

Do Not Write in This Space

Personal Test Score _____ Form# _____

Typing Test-Gross WPM _____ # Errors _____ Net WPM _____

Number Series Completion _____ Steno _____

Number Series Completion _____ Number Finding _____

Recommendation _____

Position _____ Pay Rate _____

Review

PAST EMPLOYMENT HISTORY-EDUCATION	H
	M
	L
PRESENT ATTITUDES, SKILLS, ECONOMIC NEEDS, ETC.	H
	M
	L
FUTURE GOALS, PERSONAL DESIRES, MOTIVATION, ETC.	H
	M
	L