

HAMILTON TOWNSHIP SCHOOL DISTRICT

1876 Dr. Dennis Foreman Drive,
 Mays Landing, NJ 08330
 Phone: 609-625-6600
 Fax: 609-625-4847

APPLICATION FOR SUPPORT STAFF

Although some of the requested information on this application form already exist on your resume, you need to complete the form in its entirety.

Application for: _____ **Today's Date:** _____
 (List the positions for which you are applying form)

Background Information:

Last Name	First Name	Middle Initial	Maiden Name
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Street Address	City	State	Zip Code
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Home Phone	Cell Phone	Work Phone	Email Address
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Certifications / Licenses (Include copies of all certifications):

"X"	CERTIFICATIONS	ENDORSEMENTS	ISSUING AGENCY	SCORE	DATE OF ISSUE
	ParaPro Assessment				
	Electrical				
	Others:				

Educational Background (include copies of transcripts):

	SCHOOL NAME City & State	DEGREE EARNED	MAJOR	CREDITS EARNED
High School				
College / University				
Graduate School				
Academic Honors:				

Military Experience:

Branch of Service	Dates of Service (Month / Year)

Work Experience (List in reverse chronological order starting with present employer):

EMPLOYER	POSITION	DATES Start - End	TOTAL # OF YEARS	FT or PT	LAST SALARY

Professional References (List only those who know you in a professional or educational capacity. Do not include family or friends as references. If this part is incomplete, your application will not be processed). **For Substitutes, attach two letters of reference.**

NAME	TITLE	COMPANY	COMPLETE ADDRESS	CONTACT NUMBER

Languages: (List the languages that you are fluent in and check if spoken, written or both):

LANGUAGE	SPOKEN	WRITTEN	BOTH

Other Relevant information:

List extracurricular activities in which you participated. Indicate those that you may like to coach or direct.

Please answer each of these questions. With the exception of the first two questions, provide explanations for "Yes" answers.

- 1. If you are not a US Citizen, do you have the legal right to remain permanently in the U.S.? Yes No
- 2. If you are not a US Citizen, do you have the legal right to work in this country? Yes No
- 3. Have you ever had a certificate / license revoked or suspended? Yes No
- 4. Have you ever been discharged or requested to resign from a position? Yes No
- 5. Have you ever been convicted of a violation of law other than a criminal offense? Yes No
- 6. Have you been convicted of a crime, excluding misdemeanors, summary offenses, and minor traffic violations which has not been annulled, expunged or sealed by the court (a yes response does not automatically disqualify your application)? Yes No

Explanations: _____

The above information is true and correct. I understand that, in the event of my employment by the Hamilton Township School District, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Hamilton Township School District to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Hamilton Township School District and will hold the Hamilton Township School District and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) OF 1986. The document (s) provided will be used for completion of USCIS Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature of Applicant

Date

HAMILTON TOWNSHIP SCHOOL DISTRICT
Personnel Department
1876 Dr. Dennis Foreman Drive,
Mays Landing, NJ 08330
Ph: (609)476-6247 Fax: (609)625-4847

_____ has applied to be a substitute teacher in this school district and has given your name as a reference. In your opinion, to what extent does the applicant show the following qualities?

PERSONAL QUALITIES	POOR	AVERAGE	GOOD	SUPERIOR
Appearance				
Use of English Language				
Energy				
Comprehension				
Frankness				
Interest in Children				
Potential for Growth				
Ability to Follow Directions				
Ability to Handle Stress				
Voice and Diction				
Ability to Work with Children and Adolescents				

Would you want this applicant to serve as a substitute teacher for your children? YES or NO
 Comments: _____

Do you recommend this applicant to be a substitute teacher in our District? YES or NO
 Comments: _____

Your prompt attention to this will assist the applicant in obtaining employment with our district. Please provide us with the necessary contact information and return this form to us by mail or fax as soon as possible. Failure to do so will delay the substitute application process.

 Signature Date

Name: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____

THANK YOU!!!

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THANK YOU!!!