

SOMERS POINT BOARD OF EDUCATION

EMPLOYMENT APPLICATION TEACHER

Return Application to:
Superintendent of Schools
Somers Point Board of Education
The New York Avenue School
121 New York Avenue
Somers Point, NJ 08244
(609-927-2053)
Email: mduffey@sptsd.org

DATE: _____



Name _____
(Last) (First) (Middle)

Phone Number _____
(Home) (Cell)

Present Address _____
(Street) (City) (State) (Zip)

NEW JERSEY STATE FINGERPRINTING PROCESSED _____
District Date

EDUCATION

SCHOOLS AND COLLEGES ATTENDED

	Name of Institution(s) & Location	Dates Attended	Nature of Course	Diploma or Degree
High School				
Colleges & Universities				
Special Training				
Other Studies				

EMPLOYMENT HISTORY

	Name & Location	Length of Service (Dates)	Reason for Leaving
Employer			
Employer			
Employer			
Employer			

CERTIFICATION/S

Date Received	Endorsement	Certification Type

CREDITS

BA
 BA+15
 BA+30/MA
 MA+15
 MA+30

SALARY REQUIREMENTS

Current Salary _____ Lowest Salary Accepted _____

REFERENCES

Please list three references (not a relative), who has known you for one year or more:

1. Name: _____
 Affiliation: _____
 Phone #: _____

2. Name: _____
 Affiliation: _____
 Phone #: _____

3. Name: _____
Affiliation: _____
Phone #: _____

Special Abilities & Hobbies: _____

Community Activities: _____

I have attested that the above statements are fact: _____

Signature of Applicant