

SOMERS POINT BOARD OF EDUCATION

EMPLOYMENT APPLICATION

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

DATE: _____

Name _____
(Last) (First) (Middle)

Phone Number _____
(Home) (Cell) (E-mail)

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

State of New Jersey Certification Held (if applicable) _____
(Please attach certificates)

NEW JERSEY STATE FINGERPRINTING PROCESSED _____ Date _____

		District	Date
Ethnicity:	Hispanic	<input type="checkbox"/>	
Race:	American Indian	<input type="checkbox"/>	
	Asian	<input type="checkbox"/>	
	Black or African American	<input type="checkbox"/>	
	Native Hawaiian or	<input type="checkbox"/>	
	Other Pacific Islander		
	White	<input type="checkbox"/>	

EDUCATION (Please attach transcripts)

SCHOOLS AND COLLEGES ATTENDED

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

EMPLOYMENT HISTORY

	Name & Location	Length of Service (Dates)	Position Held Grade Level	Reason for Leaving
Employer				
Employer				
Employer				
Employer				

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 #: _____

Have you ever been asked to resign from a position? Yes _____ No _____
Have you ever been rified (reduction in force) from a position? Yes _____ No _____
Have you ever been not renewed from a position? Yes _____ No _____

Minimum Salary/hourly rate \$ _____

I have attested that the above statements are fact: _____
Signature of Applicant

Form Revised: 09/21