

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT
Cape May, New Jersey
Application for Employment

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Address _____

Telephone(____) _____ Date of Birth _____

SS # _____ Referred by _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Are you employed now Y/N _____

If so, may we inquire of your present employer? _____ Have you ever applied to this school district before? _____ . When? _____

EDUCATION

Name and Location Of School	Years Attended	Subjects Studied/Degree
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Grammar School

High School

College

MISCELLANEOUS

U.S. Military Service: From _____ to _____

Do you have a valid N.J. driver's license? _____

Date of expiration _____

Do you possess a N.J. black seal license? _____

FORMER EMPLOYERS: List below last four employers, starting with last one first.

Date: Month and year	Name and Address of Employer	Salary Received	Position Held	Reason for Leaving
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From
To

From
To

From
To

From
To

REFERENCE: Give below the name of three persons not related to you, whom you have known for at least one year.

Name	Address	Business	Years Acquainted
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PHYSICAL RECORD: List any physical limitations: (that would prevent you from satisfactorily performing the job).

In case of emergency notify _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at the pleasure of the board of education.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE.

Interviewed by _____ Date _____

Remarks:

Recommendation:

Date Hired: _____ For position _____ Starting date _____

Starting salary _____ Step _____