

HIGH BRIDGE SCHOOL DISTRICT NON-INSTRUCTIONAL PERSONNEL APPLICATION

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, race, color, religion, national origin, sex, marital status or veteran status, the presence of a non-job related handicap, genetic information or any other legally protected status.

PLEASE PRINT OR TYPE:

Date: _____

Name: _____ Social Security Number: _____ - _____ - _____

Address _____

Phone Number (Home / Cell) _____ E-Mail _____

Are you legally eligible to work in this country? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___

If so, please explain: _____

Position Applied For: _____ Full-Time ___ Part-Time ___

Date You Can Start: _____

EMPLOYMENT HISTORY

List your last three employers, including any military experience, starting with most recent

Dates of employment: Month/Year From _____ To _____	Employer name: _____ Address _____ Telephone _____ Supervisor _____ Job title held _____	Salary: Start \$ _____ Final \$ _____
Reason for Leaving: _____ _____		
Brief description of job responsibilities: _____ _____		

Dates of employment: Month/Year From _____ To _____	Employer name: _____ Address _____ Telephone _____ Supervisor _____ Job title held _____	Salary: Start \$ _____ Final \$ _____
Reason for Leaving: _____ _____		
Brief description of job responsibilities: _____ _____		

Dates of employment: Month/Year From _____ To _____	Employer name: _____ Address _____ Telephone _____ Supervisor _____ Job title held _____	Salary: Start \$ _____ Final \$ _____
Reason for Leaving: _____ _____		
Brief description of job responsibilities: _____ _____		

EDUCATIONAL BACKGROUND

School name/address	Years Completed	Date of Graduation	Degree	Course of Study

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications that may qualify you for this job: (include any certificates you hold and their expiration date, i.e. Substitute Certificate, Black Seal License, Teaching Certificate, etc)

PHYSICAL RECORD

How many work days have you lost due to illness during the past two years? _____

Specify illness _____

Have you had a Tuberculin (Mantoux) test in the last six months? _____

Custodial Applicants Only, please complete this section:

Can you Lift 50 lbs? Yes No Can you shovel snow? Yes No

Can you mop floors? Yes No Can you climb a ladder? Yes No

REFERENCES (Give the names of three persons as character references)

Name	Address	Telephone Number	Relationship

It is understood and agreed that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or termination of employment. I authorize investigation of all statements contained in this application.

Signature of applicant: _____ Date: _____