



**ACADEMIC AND PROFESSIONAL EDUCATION  
 Colleges/Universities and High School Attended**

List most recent first:

<u>Name of Institution</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Major</u>	<u>Minor</u>

**TEACHING EXPERIENCE**

Present position first:

<u>School, Town, State</u>	<u>Position</u> Subject and Grade(s)	<u>Dates</u>		<u>Number Of Years</u>	<u>Reason for Leaving</u>
		<u>From</u>	<u>To</u>		

**STUDENT TEACHING EXPERIENCE**

<u>From</u>		<u>To</u>		<u>School</u>	<u>School Address</u>	<u>Grades and/or Subject Taught</u>
<u>Month</u>	<u>Year</u>	<u>Month</u>	<u>Year</u>			

**Name of Cooperating Teacher:** \_\_\_\_\_

**PRAXIS**

If you do not hold a valid New Jersey teaching license, have you taken the necessary Praxis test to qualify?

<u>Licensure Area</u>	<u>Date Test Taken</u>	<u>Scores</u>	Sent to Trenton <input type="checkbox"/> Yes
			Sent to Trenton <input type="checkbox"/> Yes

**EXPERIENCE RELATED TO TEACHING**

List experiences you have had working with children or young people (other than teaching) such as coaching, scouting, summer camps, travel, publications, lecturing, etc.

<u>Nature of Experience</u>	<u>Where</u>	<u>Dates</u>

**OTHER EXPERIENCE (Trade, Business, Social Work, Community, etc.)**

<u>Firm or Institution</u>	<u>Location</u>	<u>Nature of Experience</u>	<u>Dates</u>

**COLLEGE CO-CURRICULAR ACTIVITIES**

1.	4.
2.	5.
3.	6.

**MILITARY EXPERIENCE (List dates, branch, duties, present military status)**

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**MEMBERSHIPS (Professional Organizations, Offices Held)**

1.	3.
2.	4.

**PUBLICATIONS, ACCOMPLISHMENTS, HONORS, HOBBIES, INTERESTS**

1.	3.
2.	4.

**WORKSHOPS/SEMINARS (List title and date attended)**

1.	4.
2.	5.
3.	6.

<b>REFERENCES</b>			
Give names, address and official positions of at least three persons who can speak of your character and abilities relating to the position you are seeking. If an experienced teacher, give names of superintendents, principals or supervisors with whom you worked.			
<u>Name</u>	<u>Address/City/State</u>	<u>Telephone</u>	<u>Position</u>
1.			
2.			
3.			
4.			

Do we have your permission to contact your present employer?    Yes     No

Current Salary: \_\_\_\_\_ Requested Salary: \_\_\_\_\_ Under Contract:    Yes     No

If currently under contract, how many days notice are required to change jobs?    \_\_\_\_\_ Days

Available Start Date: \_\_\_\_\_

***The Board of Education reserves the right to require a pre-employment physical examination for any candidate considered for employment. Drug screening and a criminal history background check are requirements for employment.***

I certify that the above information is correct and the truth to the best of my knowledge and belief.

\_\_\_\_\_

**Applicant's Signature**

For the purpose of establishing my eligibility for employment, I voluntarily consent to a thorough investigation and any required updates of my past employment and activities. Such investigation is to be carried out by the Board's designee or agent.

Accordingly, I authorize and request any employers, police departments, education institutions, or other who possess information pertinent to the above matters, to provide such information facts or opinions to the personnel who contact them.

Unless the items are knowingly false or willfully malicious, I agree to relieve all persons or entities providing such information, facts, or opinions from any responsibility in connection with decisions or actions based thereon.

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**Applicant's Signature**