

CLIFFSIDE PARK PUBLIC SCHOOLS

POSITION: _____

DATE: _____

NAME:

LAST FIRST INITIAL

STREET ADDRESS CITY STATE ZIP CODE

PHONE NUMBER SOCIAL SECURITY

ARE YOU A U.S. CITIZEN? _____

DO YOU HAVE ANY PHYSICAL, MENTAL OR EMOTIONAL DISABILITIES WHICH WOULD PREVENT YOU FROM SATISFACTORILY PERFORMING THE POSITION FOR WHICH YOU ARE APPLYING?

HAVE YOU EVER BEEN CONVICTED OF AN INDICTABLE OFFENSE?

HAVE YOU EVER FAILED TO BE RE-APPOINTED TO A POSITION? _____

IF SO, WHEN? WHERE? _____

WHY? _____

EDUCATION:

SCHOOL	NAME	LOCATION	DATE OF ENTRANCE	DATE OF GRADUATION	DEGREE
HIGH					
COLLEGE OR UNIVERSITY					
GRADUATE WORK					

EXPERIENCE:

NON-TEACHING

WORK: EMPLOYER	NATURE OF WORK	BETWEEN WHAT DATES

ARMED SERVICE EXPERIENCE:

BRANCH OF SERVICE: _____ TYPE OF DISCHARGE: _____

DATE OF ENTRY: _____ DATE OF SEPARATION: _____

TOTAL NO. OF YEARS AND MONTHS IN SERVICE: _____