

KITTATINNY REGIONAL HIGH SCHOOL

77 Halsey Road, Newton, NJ 07860
973-383-1800 - www.krhs.net

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

_____ DATE		_____ POSITION	
_____ LAST NAME		_____ FIRST NAME	_____ MIDDLE NAME
_____ STREET ADDRESS		_____ CITY/TOWN	_____ STATE ZIP CODE
_____ COUNTY	_____ TELEPHONE # / CELL PHONE #		_____ SOCIAL SECURITY NUMBER

Have you filed an application with Kittatinny before now? NO YES - give date _____

Are you currently employed? NO YES – may we contact your present employer? NO YES

What date will you be available for work? _____

ARE YOU A VETERAN OF THE UNITED STATES ARMED SERVICES?

NO YES – Branch of Service _____ Honorable Discharge? NO YES

Would anything prevent you from being employed, such as a Visa or Immigration Status? NO YES
If applicable, proof of citizenship or immigration status might be required upon employment.

WORLD LANGUAGES

Do you speak any other language besides English? NO YES

LANGUAGE	FLUENT	GOOD	FAIR
_____	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE
_____	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE
_____	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE

IF YOU ARE APPLYING FOR A TEACHING POSITION

In addition to this application, we will require a photocopy of your teaching certificate or your letter of eligibility (if applicable), and a photocopy of your college transcript; if you are a veteran, your separation papers. THESE DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION. If you do not have copies, please bring the original documents to the interview.

SUMMARY OF TEACHING / SUBSTITUTE CREDENTIALS (REQUIRED) (Details on next page)

CERTIFICATIONS HELD: _____

OF UNDERGRADUATE CREDITS

OF GRADUATE CREDITS

LAST NAME, First Name

POSITION

DATE

EDUCATIONAL QUALIFICATIONS

NAME OF SCHOOL / ADDRESS	YEARS COMPLETED	DIPLOMA / DEGREE	CERTIFICATION AND STATE COURSE OF STUDY
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ELEMENTARY

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HIGH SCHOOL

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UNDERGRADUATE COLLEGE

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GRADUATE / PROFESSIONAL

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OTHER EDUCATION (specify)

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, COACHING, EXTRACURRICULAR ACTIVITIES

List professional trade, business/civic activities and offices held, original research and writing on experimentation. You may exclude membership that reveals gender, race, religion, national origin, age, ancestry, disability, & other protected status.

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT JOB (OR LAST JOB) include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

PRESENT JOB (OR LAST JOB)

DATES		EMPLOYER NAME
FROM	TO	
Address _____		
Telephone # _____		
Your Job Title _____		
Work Performed _____		
Salary or Hourly Wage _____		
Reason for Leaving _____		

PREVIOUS JOB

DATES		EMPLOYER NAME
FROM	TO	
Address _____		
Telephone # _____		
Your Job Title _____		
Work Performed _____		
Salary or Hourly Wage _____		
Reason for Leaving _____		

PREVIOUS JOB

DATES		EMPLOYER NAME
FROM	TO	
Address _____		
Telephone # _____		
Your Job Title _____		
Work Performed _____		
Salary or Hourly Wage _____		
Reason for Leaving _____		

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

NAME _____ TELEPHONE # _____
ADDRESS _____

NAME _____ TELEPHONE # _____
ADDRESS _____

NAME _____ TELEPHONE # _____
ADDRESS _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at another time. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date