

CAPE MAY COUNTY SCHOOLS FOR SPECIAL SERVICES
Ocean Academy • Cape May County High School • Cape Educational COMPACT

APPLICATION FOR EMPLOYMENT

Today's date: _____

Position applying for: _____

How did you hear about us?

___ Newspaper (please include which one) _____

___ Internet Search

___ Friend/Relative (name) _____

___ Other _____

Personal Information:

Name: _____

Social Security # _____

Address: _____

Telephone # _____

Cell phone # _____

Email address: _____

Check the appropriate response:

Yes No

Have you ever filed an application with us before? If yes, give date.

___ ___

Have you ever been employed with us before? If yes, give date.

___ ___

Do any of your friends or relatives work for us? If yes, list names:

___ ___

Are you currently on a "lay-off" status or subject to recall?

___ ___

Can you travel if the job requires it?

___ ___

Are you currently employed?

___ ___

May we contact your present employer?

___ ___

Are you prevented from lawfully becoming employed in the country because of Visa or Immigrant Status?

___ ___

Have you ever been convicted of a violation(s) of law, excluding moving traffic violations?

___ ___

If yes, please list statute or ordinance: _____

Are you available to work: Full-time: ___ Part-time: ___ Per diem: ___

When will you be available to start work? _____

Education

Name and Address
of School

Course of Study/
Major

Years Completed

Degree Earned

High School/
GED _____

Undergraduate
College _____

Graduate/Professional _____

Other _____

Military Experience

Branch: _____ Military Specialty: _____ Highest Rank: _____

Service Schools Attended: _____

Work Experience: Please complete or attach resume. Start with your present or last job.

Employer: _____

Address: _____ Phone #: _____

Dates Employed: _____ Full-time or part-time _____

Title/Work Performed: _____

Reason for Leaving: _____

Supervisor: _____ May we contact your supervisor? Yes ___ No ___

Employer: _____

Address: _____ Phone #: _____

Dates Employed: _____ Full-time or part-time _____

Title/Work Performed: _____

Reason for Leaving: _____

Supervisor: _____ May we contact your supervisor? Yes ___ No ___

Employer: _____

Address: _____ Phone #: _____

Dates Employed: _____ Full-time or part-time _____

Title/Work Performed: _____

Reason for Leaving: _____

Supervisor: _____ May we contact your supervisor? Yes ___ No ___

Other: Use this space for any other information you think would help us in evaluating your application, including training, seminars and workshops, job-related skills, leadership activities, computer skills, public speaking, professional/honor societies, performance awards, etc.

** Please attach copies of any certificates, licenses or degrees

Professional References: Attached references are preferred. If not available, please list.
Do not include family members.

	<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relationship</u>	<u>Best time to call</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Applicant certification:

I certify that answers herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decisions. In the event of employment, I understand that false or misleading information given in my application, resume, or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Cape May County Schools for Special Services.

Applicant's Signature

Date

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

We are an equal opportunity employer.