

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

EMPLOYMENT APPLICATION

APPLICANT INFORMATION (please print or type):

Name: _____
Last Name First Name Middle Name

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Social Security Number: _____

POSITION FOR WHICH YOU ARE APPLYING

Position Title: _____ Full Time Part Time Per Diem

When will you be available to begin work? _____

Are you currently on "lay-off" status or subject to recall? Yes No

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

PLEASE CHECK THE APPROPRIATE RESPONSE TO THE FOLLOWING QUESTIONS

Have you been arrested/indicted for a violation of law, excluding moving traffic violations? Yes No

If yes, please list statute or ordinance and date: _____

Have you ever been convicted of a violation(s) of law, excluding moving traffic violations? Yes No

If yes, please list statute or ordinance and date: _____

Are you legally eligible to work in the U.S.? Yes No

Are you able to travel if the job requires? Yes No

Have you ever filed an application with us before? Yes No If yes, give date: _____

Have you ever been employed with us before? Yes No If yes, give date: _____

Do any of your friends or relatives work for us? Yes No If yes, list names: _____

How did you hear about us?

Newspaper (please include the name of the paper): _____

Internet Search

Friend/Relative (name): _____

Other: _____

RELATED SKILLS AND EXPERIENCE

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 - do not include family members)

Name: _____ Position/Title: _____

School/Company: _____

Address: _____
Street City State Zip Code

Phone Number: _____ Relationship: _____ Best time to call: _____

Name: _____ Position/Title: _____

School/Company: _____

Address: _____
Street City State Zip Code

Phone Number: _____ Relationship: _____ Best time to call: _____

Name: _____ Position/Title: _____

School/Company: _____

Address: _____
Street City State Zip Code

Phone Number: _____ Relationship: _____ Best time to call: _____

APPLICANT CERTIFICATION

I certify that the information and answers provided on this application 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, misleading, or omission of information given in my application, resume, or in interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Cape May County Schools for Special Services.

Signature of Applicant: _____ 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.

CAPE MAY COUNTY SCHOOLS FOR SPECIAL SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER.